The development and implementation of drug policy in England 1994 -2004

A thesis submitted to Middlesex University in partial fulfilment of the requirements for the degree of Doctor of Philosophy

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December 2007

CONTENTS

A paper presented at the Social Policy Association Conference 2000

A paper presented at the British Criminology Conference 2000

ABSTRACT

This thesis is a study of drug policy in England between 1994 and 2004. It focuses on five areas: - how drug policy was developed, why partnership forms were chosen as the mechanisms by which to achieve implementation and the impact of that decision, the relationship between the centre and localities, partnerships as new forms of governance and whether institutional resilience has been observed.

The research used a multi-method approach comprised of three components: a literature review; an analysis of documentary sources, including the three key drug policies, and original, empirical research. The latter was undertaken with two separate groups, the first responsible for drug policy development and the second for policy implementation.

Tackling Drugs Together (TDT,1995) was developed by a small group of people who successfully exploited the opportunities open to them and who were observed to have used all of the 'factors' identified by Levin (1997) in their capacities, as civil servants, politicians and members of the voluntary and campaigning sectors. They were 'motivated' to achieve change (from their institutional, personal or organisational position) and used the 'opportunities' and 'resources' open to them to do that. They did not however form a 'policy network' (Berridge 2006; Duke 2002; Sabatier 1998; Wong 1998; Hughes 1997).

Those developing TDT (1995) chose partnership forms (Drug Action Teams – DATS) as a mechanism for implementation, because they provided an answer in a complex social policy area, allowing a wide variety of organisations to be brought together. In addition, the concept was associated with newness and dynamism.

The direction of drug policy, post 1998, is linked to New Labour's wider social policy perspective – incorporating a focus on community and social

responsibility. On the whole, DATs have supported this direction. Their relationship to the centre has in general been positive, whilst responding to a strong performance management framework. DATs have accepted this for the benefits it brings; and highly functional DATs have learned to adapt policies to their own local needs. Their sophistication, functionality and structure indicate that they have become new forms of governance (Newman 2001). This does not mean however that the old institutions have disappeared; they have shown resilience (Klein 1993) and adapted to the changes, working within a partnership, performance management and regional framework.

The thesis makes a contribution by focussing on drug policy development and implementation. Through the examination of the impact of the partnership and performance management approaches over a decade, it illuminates other social policy areas and New Labour changes, especially within the area of governance, developing our understanding of institutional change and resilience.

ACKNOWLEDGEMENTS

I would like to thank many people for their help and support with this thesis. I am grateful for the support and guidance of my supervisor throughout most of the research, Professor Susanne MacGregor, especially for her understanding, encouragement and constructive criticism. I have also been helped by Betsy Thom and Tony Goodman, my most recent supervisors, who both had to get to grips with the thesis at quite a late date.

I would like to thank my fantastic work colleagues, who must have wondered when this research would end: they are Susannah Eagle and Shilpa Patel.

Most of all I would like to thank my husband and daughter for their immense support through everything, their belief that I could do it and their acceptance of the disruptions caused to our family life. I would also like to thank my parents who have always supported my educational efforts; I am only sorry my Dad did not get to see this finished. Finally, I would like to thank my grandparents who gave me constant support and encouragement and my grandfather who inspired me with a love for learning and enquiry.

GLOSSARY

ACMD - Advisory Council on the Misuse of Drugs
ACPO - Association of Chief Police Officers
APL's - Autonomous Policy Leaders (Wallis and Dollery 1997)
ASBOs - Anti-Social Behaviour Orders
CAD - Communities Against Drugs Fund
CARAT (team) - Counselling – Advice – Referral – Assessment – Throughcare
CDCU - Central Drugs Coordination Unit
CDRPs - Crime and Disorder Reduction Partnerships
CEO - Chief Executive (Officer)
CJIP - Community Justice Intervention Programme
CJIT - Community Justice Intervention Teams
CJS - Criminal Justice System
CSR - Comprehensive Spending Review
DATs - Drug Action Teams
DDACs - District Drug Advisory Committees
DoH - Department of Health
DIP - Drug Intervention Programme
DIR - Drug Interventions Record
DPAS - Drug Prevention Advisory Service
DPI - Drug Prevention Initiative
DRGs - Drug Reference Groups
DRR - Drug Rehabilitation Requirement
DSD - Drug Strategy Directorate
DTTOs - Drug Treatment and Testing Order
EAZ - Education Action Zone
GOs - Government Offices
HAs - Health Authorities
HAZ - Health Action Zone
HO - Home Office
ISDD - Institute for the Study of Drug Dependence
IV - Intravenous (drug use)

KPIs - Key Performance Indicators

LAs - Local Authorities

Localities - used to denote the local area and / or DAT, as opposed to the 'centre'.

LSPs - Local Strategic Partnerships

MPs - Member(s) of Parliament

NDTMs - National Drug Treatment System

NPM - New Public Management

NTA - National Treatment Agency

NHS - National Health Service

NTORS - National Treatment Outcome Research Study

ODPM - Office of the Deputy Prime Minister

PCTs - Primary Care Trusts

PM - Prime Minister

RDMD - Regional Drug Misuse Database

SCODA - Standing Conference On Drug Abuse

SEU - Social Exclusion Unit

SLAs - Service Level Agreements

SRA - Social Research Association

TDT - Tackling Drugs Together

TDTBBB - Tackling Drugs to Build a Better Britain

UKADCU - UK Anti-Drugs Coordination Unit

UKDPC - UK Drug Policy Commission

Yots - Youth Offending Teams

Chapter one – introduction

Research aims and questions

The thesis is a case study of drug policy development and implementation over a decade (1994-2004). It looks at why drug policy took the form it did and includes a discussion of how it was subsequently shaped by implementation, as well as other historical and social factors. My interest in this area developed from my role in policy implementation in the early stages of Tackling Drugs Together (TDT, 1995) and ongoing professional work since then. This also meant that I had a familiarity with some of the conversations about how to implement policy in the early stages and it probably helped me to access to senior policy makers; all of these things have helped to shape and mould the thesis.

The aim of this thesis was to better understand the process of policy making, using drug policy (1994-2004) as the case study; it is, in particular, an exploration of how policy is developed and implemented. The research was principally concerned with a number of questions:

1. How was drug policy developed?
2. Why were partnerships chosen as the mechanism of policy implementation and what was the impact of that approach?
3. How have relationships between the centre and localities worked with regard to policy development and implementation?
4. Have partnerships become a new form of governance?
5. Have partnership structures changed anything or has institutional resilience been demonstrated?

The questions are answered by the different facets of the research including an analysis of documentary sources, interviews with national policy actors and those concerned with policy implementation. In this way it was possible to

explore the process of policy development and implementation with those responsible.

Drug policy – trends and changes 1994-2004

The thesis considers why the area of drug policy, which had attracted little notice historically, began to receive an increasing level of attention from the late 1980s rising to a crescendo of activity during 1994 – 2004. The complex social and political phenomena responsible for, or contributing to, this are considered in this thesis. The focus is particularly on England, but takes cognisance of other UK developments and European and international influences. During the period under consideration three drug strategies were launched, Tackling Drugs Together (TDT) 1995; Tackling Drugs To Build A Better Britain (TDBBB) 1998 and The Updated Strategy 2002. The first drugs strategy was launched under a Conservative administration and was aimed just at England; the two later strategies were devised by New Labour and were targeted at the UK.

Partnership and Community

Notions of legitimacy, community and citizenship, inclusion and exclusion permeated policy making during 1994-2004. These issues were topical under the Conservative administration in 1994 and remained valid in policy debate after the election of New Labour in 1997 (Newman 2001:83). The change of government did not appear to change the ideological nature of debate, the dichotomous urges towards centralisation and regionalisation and the creation of new forms of governance. Two areas of importance for this thesis are therefore partnership and community.

Understanding or defining the term 'partnership' is not straightforward. It has been argued that partnership '*risks becoming a Humpty Dumpty term*' (Powell and Glendinning 2002:2) and this 'catch-all' term will be explored in Chapter 2 and throughout the thesis. One element of the exploration and enquiry is to consider what is partnership? It has been necessary within the research to

explore the term and consider whether it is a '*quasi network*' (Powell and Exworthy 2002) or a new form of governance. For the purposes of the research it has been explored at a working level as a '*quasi-network*'; since the term incorporates elements suggesting cooperation rather than a command structure or a purchaser/seller relationship (Powell and Exworthy 2002:27). The partnerships investigated are Drug Action Teams (DATs), instituted under TDT (1995) and given a loose, but definite structure. As such they allow for 'partnership' to be explored through the empirical work, both as a 'quasi-network' and as a new form of governance.

Partnerships have existed for many years within a social policy setting, but have expanded considerably and changed form (Powell and Exworthy 2002). DATs were introduced initially by the Conservative administration and were continued by New Labour in their first drug policy, TDTBBB (1998). New Labour also expanded partnership work into other policy areas, such as Youth Offending Teams (Yots) in youth justice, Health Action Zones (HAZ) in health and Education Action Zones (EAZ) in education. Newman has argued that this amounted to '*a more explicit focus on partnership as a way of governing*' (Newman 2001:105). As partnership has become a new and different form of governance and has expanded across social policy domains it has been subject to academic research and review. Within academic review partnership is most widely portrayed as linked to a New Labour discourse and a way to demonstrate 'joined-up' government, new ways of working, an inclusive approach and policy implementation.

The 'new' or 'third' way and inclusivity are seen to incorporate the notions of 'community' as part of a more general '*collaborative discourse*' (Glendinning 2002:1). Skidmore and Craig (2004) have suggested however that '*community is usually a loaded term*,' which implies a '*positive*'. This is because it is seen to provide the balancing factor against '*unrestrained individualism*' and the '*unwieldy, impersonal hand of the state*'. This element of 'community' provided the link with partnership, a form of governance which can be portrayed as inclusive, horizontal and positive; a form of governance which does not imply the dominating hand of an over active 'nanny' state. It is

the '*community*' as '*actor*' which is important in a social policy sense; and it is this suggestion of 'community' which was so compelling to New Labour leading up to and post 1997. The implementation and re-formations of English drug policy during this period drew on the language of community and partnership; in so doing they call on the positive and appear to seek to involve and include those within the 'community' within this social policy approach to drug misuse. Who forms the 'community' for drug policy 1994-2004 is an area of interest which is tangentially considered.

Partnership in action - Drug Action Teams

A key element of implementation throughout each of the strategies has been the use of partnership bodies - Drug Actions Teams (DATs). The first full drug strategy, TDT (1995), put them in place and made them responsible for local delivery across England of a nationwide strategy. The Chief Executives (CEOs) of health authorities were responsible for ensuring that the first DAT meeting was called. The other organisations expected to participate were the local authority(ies) (including social services and education) the police, the probation service, and where relevant, the prison service and Customs and Excise. The organisations were expected to work together on the three key policy aims of TDT: enforcement, education and treatment. When launching the later strategy, TDTBBB (1998) Ann Taylor highlighted the importance of their role, as '*responsible for implementing the strategy on the ground*'[1].

In some areas DATs cover large, metropolitan populations with high levels of concentrated drug use and in other areas they are responsible for populations which are rural, dispersed or have low levels of drug use. Implementation therefore requires a range of responses according to local need and thus DATs have had to interpret and implement drug policy to meet that need. They were originally aligned with Health Authority boundaries (TDT 1995), although this was subject to local interpretation, but since 2001 they have been aligned with local authority boundaries and since 2004 have had to show that they 'join up' with other local partnerships.

[1] Ann Taylor MP President of the Council and Leader of the House – speech to House of Commons 27 April 1998 launching TDTBB – News release.

Since 1995 DATs basic structure has remained the same with regard to their key functions and the requirements of organisations to work together to meet the relevant drug policy aims. However the working teams themselves have developed in size and scope and in some areas are responsible for significant budgets. Their development and the reasons for it will be traced through the documentary sources and interviews with policy implementers. Some of the implications associated with those changes are an increasing bureaucratisation and an apparent centralisation. In addition, whilst functions and powers have been devolved to the DATs, so the level of information which must 'flow' up has increased. The nature of the '*vertical*' and '*horizontal*' (Colebatch 1998:37) policy flow is one which is of interest and which can be traced through this case study. In 1998 an additional central 'layer' was added in the role of the Drugs Czar, followed by the loss of this role in 2002. The reasons for the creation of this role and the way this sought to sit as a link between the centre and DATs is considered in the thesis, particularly Chapter 5.

Delivering partnership – Coordinators

Drug Action Team coordinators were created by the TDT (1995) strategy through the allocation of a small amount of funds which DATs could spend on administration. DAT coordinators were responsible to their DAT for the delivery of the drug strategy within their area. They were meant to achieve this through the coordination of the efforts of the CEOs and senior managers from the participating organisations.

The role and functions of the coordinators have changed considerably since those early days and by 2004 many coordinators were senior managers in health or local authorities with a staff team and considerable budget. The development of this role is considered although the strategies and other documentation shed little light on it. However it was a subject for discussion with the interviewees, as many of the 'implementers' interviewee group were DAT coordinators.

A changing focus – performance management

Rather than an overall change in direction between each of the drug strategies, there have been changes of emphasis. One such area is the performance management of the strategies by the centre. Since 2001 this function has been principally managed by a special Health Authority, the National Treatment Agency (NTA) and Drug Prevention Advisory Service (DPAS)[2], a part of the Home Office. They eventually replaced the role of the Czar, although this had been a central function and they were regionalised in format. The similarity is in the performance management functions of the NTA and DPAS and these were made more explicit in the Updated Strategy which stated that the '*...NTA and DPAS monitor the effectiveness of local delivery by DATs...*'[3] The emphasis was new; in the previous TDT (1995) and TDTBBB (1998) strategies, the role of the respective central functions, the Central Coordinating Unit (CDCU) and UK Anti-Drugs Coordinating Unit (UKADCU) were concerned with the coordination of strategy and those responsible for it. Whilst 'coordination' by the centre might appear a coded way of expressing the management of local implementation (and this is considered) there is a definite change in language and emphasis between the strategies.

The development of the performance management of partnership structures in general has been portrayed by some as a sign of '*both continuity and change*' under New Labour (Davies 2002:172). Furthermore, the roles of the DAT itself and the coordinator have also appeared to be increasingly concerned with performance management within the locality, for example of drug treatment providers; this too is explored through the interviews undertaken with policy implementers.

The Updated Strategy (2002) also drew out another new and possibly related emphasis, which was to link the performance management approach with

[2] DPAS teams have been subsumed into regional Government Offices and are now 'drug teams'.
[3] Updated Drug strategy 2002:12 Executive Summary London: HMSO

regionalisation. Thus '*the regional management structure*' of the NTA was highlighted within the executive summary, along with DPAS who were now said to be '*integrated within Government offices in the Regions*' (Updated Drug Strategy 2002:12). The link was made between two new or evolving forms of governance. Regionalisation can also be interpreted as a way in which central control appears less apparent and in this sense diffuses the vertical and horizontal flows of power. This too is given further consideration and is looked at in more depth through the use of the implementation interviews.

A changing focus – crime and Class A drug use

Between the drug strategies there was a focussing down onto Class A drug use and an ever stronger link was drawn between drug misuse and crime. This replaced a rather more diffuse concern with drug use per se. Within TDTBBB (1998) the link with crime is noted, but the effects of drug use on health, education and employment, families and relationships are also acknowledged. In particular the sentence which linked drugs and crime did so within the context of how this '*undermines communities*' (TDTBBB launch speech by Ann Taylor April 1998). Tony Blair (the Prime Minister) in his foreword introduced the notions of morality and the 'evil' of drug use. Two key issues for New Labour are therefore drawn out; the link between drug misuse and wider social policy issues and the notions of morality and the impact of drug misuse on others beside the drug user.

The Updated Strategy (2002) launched just four years later appeared altogether more hard-hitting in its' approach. The 'What's New?' section of the strategy document outlined a '*tougher focus on Class A drugs*' as its first objective. The rest of the page was characterised by plain, action driven words noting '*more*', '*reducing*', '*expansion*', '*new*', '*better*', '*strengthened*', '*improved*', and a '*renewed emphasis on delivery and revised targets.*' (Updated Strategy 2002:4). There was continued mention elsewhere of communities, but the link was made particularly to '*deprived communities, currently suffering the worst drug-related crime*' (Updated Strategy 2002:5).

There appeared to have been a simplification and reduction of the strategy and a focussing down on a smaller number of key issues such that there was the loss of a '*Vision*' in which '*There are no easy answers*' (TDTBBB 1998:3). The discussion of the issues of '*complexity*' and '*partnership*' present in TDTBBB (1998:3) were noticeably absent from the Updated Strategy (2002). This is a significant change from TDT (1995) which appeared to present itself as a discussion document for what might cause drug misuse and which sought to play down the links to social and environmental factors.

A brief architecture of drug policy 1994-2004

Each drug policy has created structures and initiatives which have evolved or changed with each subsequent policy. Following these changes can be confusing, even for those involved and especially for those trying to 'keep up' but on the periphery. Tackling Drugs Together (1995) created the 'basic' structure which all other policies have adapted but left largely intact. This has included a 'strong' centre with access to power and influence at the highest level and a central and supporting team of civil servants; this was originally cross-departmental and called the Central Drug Coordination Unit (CDCU) based in the Cabinet Office and reporting to the President of the Council. The centre worked with, supported and 'oversaw' the local Drug Action Teams which had been created to bring together all local agencies with the aim of ensuring implementation of the strategy. In 1998 Tackling Drugs to Build a Better Britain kept the same basic structure but changed names and 'added' a layer. The CDCU became more explicitly named the UK Anti-Drug Coordination Unit and the civil servant who headed it was a more senior grade. They were still based in the Cabinet Office but now had to support the drugs Czar and his deputy and this was the new 'layer' which was added. It placed an advisor or non-political post between civil servants and politicians, although a politician retained ultimate responsibility[4]; the rationale for the role was '*to develop and co-ordinate and monitor the United Kingdom's drug policy*' (Hellawell 2003). The role of Cabinet Office was summed up by Mo Mowlam (the minister responsible 1999-2001) as '*to try to simplify, avoid*

[4] The role of the Czar is discussed in more detail in Chapter5.

duplication' and to '*try and facilitate greater cooperation between departments, or 'joined-up' government...*' (Mowlam 2003:315). Under TDTBBB (1998) the structure in localities remained unchanged, although DATs began to grow significantly in size during this period as a result of the growth of funding, responsibilities and monitoring functions which they absorbed.

In 2001 the National Treatment Agency (NTA) was created as a special Health Authority. This occurred outside of any policy change and in the Updated Drug Strategy 2002 which post-dated it, its remit was said to be to '*drive delivery of treatment services throughout England*' (Updated Drug Strategy 2002:12). The Updated Drug Strategy (2002) brought about further structural change. The Home Office now drove '*the delivery of the Drug Strategy at Ministerial and official level...*' in '*partnership*' (Updated Drug Strategy 2002:12) with other key departments such as health and education and thus replaced the Cabinet Office. It is perhaps for this reason that the NTA was highlighted, providing as it did a key health / treatment function. The drugs Czar and his deputy were removed in 2002, although another central layer was added. This was the Strategic Planning Board which, it was specified, mirrored the composition of Cabinet sub-Committee and '*supports this structure at civil service official level*' (Updated Strategy 2002:60). It would seem that the purpose of this board was not to give administrative support to the Cabinet sub-Committee but to ensure that it engaged the senior civil servants responsible within individual departments; thus attempting to ensure cross-departmental activity at a central level. Finally the strategy allowed for the creation of project specific cross-departmental groups who worked towards stated aims within the strategy.

Under the Updated Strategy (2002) the structure in localities remained the same, with DATs responsible for '*effective delivery*' (Updated Drug Strategy 2002:12). It was underlined, however, that there was a need for coordination of partnership activity in the localities because of the number of partnerships then operating; this was to be made possible under the Police Reform Act (2003) which would also give a statutory duty to Local Authorities, the police

and Primary Care Trusts (PCTs) to undertake activity to combat drug misuse within the localities. The suggestion was that DATs and Crime and Disorder Reduction Partnerships (CDRPs) should 'merge'. Subsequently, however, DATs were advised that they could make their own arrangements, so long as they could demonstrate the alignment of the crime and drugs agendas within the localities[5]. This was further developed in 2004 through the creation of Local Strategic Partnerships (LSPs) which sought to bring together the various partnership activity and agency plans within a local authority area. This sought to ensure a 'joined up' approach and also included an element of performance management.

Summary of Initiatives

During this period there have been numerous new policies, reports and initiatives; some of which were quickly superseded and others which remained in force. Some of the key policies and initiatives introduced during this period (or immediately preceding it but of relevance) are shown chronologically in the table below. The range of policies and initiatives also helps to give a flavour of how deeply embedded in all forms of government activity drug policy had become.

[5] Circular letter to DATs and Crime and Disorder Partnerships (undated but with a reply date for consultation 26 July 2002) from David Blunkett Home Secretary and Alan Milburn, Health Secretary.

Chronological Summary:

1982 – ACMD report – Treatment and rehabilitation

1984 – Social Services Committee Report

1985 – Cabinet Ministerial Sub-Committee on Drugs Misuse created

1985 – Tackling Drug Misuse - First strategy document

1988 – ACMD report – Aids and drug misuse. Part 1

1988 – International Drug Summit

1993 – ACMD report – Aids and drug misuse. Update

1995 – Tackling Drugs Together – White Paper

1996 – The Task Force to Review Services for Drug Misusers (NTORS)

1998 – Tackling Drugs to Build a Better Britain

1998– Modern Public Services for Britain: Investing in Reform: Comprehensive Spending Review Plans 1999-2002

1998 – Crime and Disorder Act (lays provision for Drug Treatment and Testing Orders - DTTOs)

1999 - Modernising Government (Cmd 4310)

2000 – Police Foundation Report

2000 – Criminal Justice and Court Services Act (creates Drug Abstinence Order – DAO)

2001 – Proceeds of Crime Bill (CM5066)

2001 - Communities Against Drugs (CAD) fund

2002 - Updated Drug Strategy

2002 - Models of care for the treatment of drug misusers (national framework for commissioning substance misuse services)

2002 – National Crack Action Plan

2002 – Proceeds of Crime Bill

2002 – Police Reform Act

2002 – Home Affairs Committee Report: The Government's Drug Policy: Is it Working (HC318)

2003- Criminal Justice Act (replaces DTTO with Drug Rehabilitation Requirement – DRR)

2003 – Criminal Justice Intervention Project (CJIP – later becomes known as Drugs Intervention Programme – DIP)

2003 - Building Safer Communities Fund (BSCF – changed from CAD)

2003 – FRANK drug information campaign

2004 – Tackling drugs: changing lives: delivering the difference

2004 – Tackling drugs: changing lives. Every child matters: change for children: young people and drugs

2004 – Tackling drugs - changing lives. Keeping communities safe from drugs

2005 - Tackling drugs - changing lives. Delivering the difference

2005 - Tackling drugs - changing lives. Turning strategy into reality.

2005 – The Drugs Act

2006– Select Committee on Science and Technology Fifth Report (CM200506)

The structures created by the various initiatives:

Similarly a number of structures have been created to support the initiatives and policies which have been introduced and to respond to the various reports published. The chronological table below summarises those:

1985 - Creation of District Drug Advisory Committees

1990 – Drug Prevention Initiative (DPI)

1995 – Central Drug Coordination Unit (CDCU – located in the Cabinet Office)

1995 – Drug Action Teams (DATs)

1998 – Drugs Czar – Keith Hellawell (and Deputy Mike Trace)

1998 – UK Anti-Drugs Coordination Unit (UKADCU – replaces CDCU – located in the Cabinet Office)

1999 – Drug Prevention Advisory Service (DPAS - replaces DPI)

2000 – National Treatment Agency (NTA- Special Health Authority)

2000 – Regional NTA teams

2001 – DATs re-aligned with Local Authority boundaries

2002 – Drugs Strategy Directorate (DSD – located in Home Office – replaces UKADCU)

2002 – Role of the Czar and deputy disappears

2002 – Strategic Planning Board created (for Senior Civil Servants to mirror and support Ministers at Cabinet sub-Committee)

2002 – Regional Government Office Home Office drug teams (GO's - replace DPAS)

2004 – Local Strategic Partnerships – (LSPs - some DATs and CDRPs merge / all have to demonstrate aligned functions)

2007 – Merging of Home Office Drug Teams and NTA regional teams

Analytical framework

Social policy provided the conceptual framework within which the research was framed. This allowed for consideration of questions such as how far social and public policy is able to drive social and institutional change through the development, dissemination and implementation of nationally funded strategies. The work of Levin (1997) was particularly influential with regard to the construction of the interview schedules and to the subsequent frameworks constructed for analysis. In particular his use of three 'factors' – motivational, opportunity and resources – aided the exploration of the mechanisms by which policy is made and allowed for the process to be deconstructed, described and understood. However, the thesis was also informed by literature from a range of disciplines, including geography, management studies, social sciences (including criminology and drug research), politics and history. The inter-disciplinary background was appropriate both to policy analysis (Duke 2003:8-9) and to the study of partnerships. The latter because they have been brought into existence, it could be argued, to make sense of a complex social environment with which individual organisations were unable to cope. This is explored in depth throughout the thesis.

Similarly it has been suggested that inter-disciplinary studies are necessary because:

'Real world problems do not exist independently of their sociocultural, political, economic or even psychological context. The need for multiple disciplines and multiple perspectives to illuminate the human context could not be more evident...' (Brewer 1999: 32:329)

Examining the drug policy process

'In the commonsense use of the term, policy is an artefact: a 'thing' created by policy-makers'. (Colebatch 1998:111)

For this thesis 'policy' has been defined as a process and as such, one that can be explored. The research has sought to follow the policy 'process', by talking to those responsible for developing the first drug strategy, Tackling Drugs Together (TDT 1995) and to those responsible for implementing that and / or more recent strategies: Tackling Drugs To Build A Better Britain (TDTBBB 1998) and the Updated Strategy (2002). This approach is supported by Colebatch who commented that:

'...*formal policy activity can only be understood in terms of process, a continuing pattern of events and understanding which is structured by a sense of authorised decision making...*' Colebatch (1998:111)

This sense of '*authorised decision making*' (Colebatch 1998) is important to the testimony of those responsible for developing and implementing the strategies, for it encompasses the idea that they were acting in an authorised manner and that this is traceable or auditable activity. Thus, there is the process which is 'policy', made by those authorised to do so, resulting in a pronouncement or set of objectives which have legitimate authority. Authority is integral and encapsulated when policy is developed or delivered, it can be evidenced in a number of ways, for example, it may be measured by the status of the person or people developing it or by the resources attached to it (Dearlove 1973). Drug policy between 1994 and 2004 has apparently been able to demonstrate considerable resources of authority; it has received support from all three Prime Ministers and increasing levels of funding have been attached to each strategy (Updated Strategy 2002:4).

However, it is within its 'authority' that there is also the possibility for tension or contestability. Not all policies are shared across political parties, with whom policy making is most often seen to reside (Colebatch 1998:73; Lavalette and Pratt 1997:5); nor do all actors or citizens necessarily share commitment to particular policy ideas. This can be most notably seen in contestable policy areas, such as immigration. Drug policy has been largely uncontested throughout the period under discussion; for the most part it has enjoyed a high degree of cross-party support and collaboration. The research

has looked at the possible impact of this and also given consideration to a changing policy emphasis.

Policy can be seen to operate in different planes, both at the vertical and horizontal dimensions. The 'vertical' is most often associated with the centre (or central government) and decision making which flows down to localities or implementers. The 'horizontal' is more often associated with localities (or local government) and the need for inclusive decision making and policy implementation which seeks to bring in a number of players. Partnership, a focus for this study is most often represented as a horizontal form of policy making. It is suggested that the relationship between the two dimensions '*is a source of ambiguity and tension*' (Colebatch 1998:113). The suggestion is that tension might arise '*between having clear objectives and incorporating all of the relevant participants*'.

The subject matter of this thesis is closely concerned with the interaction of the vertical and horizontal dimensions of policy making and with the contested spheres which exist between them; thus with regard to issues of accountability and autonomy, central control and regional or local flexibility, structural change or institutional resilience. The exploration of these two dimensions of policy making is possible because the interviews undertaken offer some insight into the '*endless loop*' of which developing policy and implementing policy are a part (Colebatch 1998:55). They also allow for consideration of the processes involved in policy implementation and whether it is a procedure which is linear and logical (Colebatch 1998:44). Finally, the '*social and interactive dimensions of the policy process*' (Colebatch 1998:26; Levin 1997) were explored in particular, through a series of interviews undertaken with a small group of policy actors involved in the development of the TDT (1995) White Paper.

A brief summary of those interviewed at central and local level is shown in a table below:

Role of person Interviewed	Date of interview
National respondents / policy developers	
Respondent A – civil servant	2001
Respondent B – campaigner/voluntary organisation	2001
Respondent C – quango employee	2001
Respondent D – civil servant	2001
Respondent E – civil servant	2001
Respondent F – campaigner/voluntary sector organisation	2001
Respondent G – civil servant	2001
Respondent H – civil servant	2002
Local respondents / policy implementers	
Respondent 1 - DAT coordinator	2005
Respondent 2 – DAT coordinator	2005
Respondent 3 – DAT coordinator	2004
Respondent 4 – regional representative	2005
Respondent 5 – DAT coordinator	2004
Respondent 6 – DAT coordinator	2004
Respondent 7 – regional representative	2004
Respondent 8 – DAT coordinator	2004
Respondent 9 – DAT coordinator	2005
Respondent 10 – regional representative	2006
Respondent 11 – regional representative	2004
Respondent 12 – DAT coordinator	2004

Methods

The approach is a wholly qualitative one which *'...seeks to capture what people's lives, experiences and interactions mean to them...'* in terms of their involvement in the development and implementation of drug policy (Maso 1996:33). This has been triangulated (Gomm 2004:188) with other documentary sources. As Maso (1996:36) has outlined, these might include:

'...other sources of information to acquire knowledge and ideas about the voids, contradictions, estrangements, circumspections and blindnesses they encounter...they have to use the relevant literature of the social sciences, documents produced by others (i.e. letters, biographies, autobiographies, memoirs, speeches, novels and a multitude of nonfiction forms)...'

The use of documentary sources has allowed for the establishment of some chronological certainty about events and provided the evidence of the actual policy decisions which were made, the language in which they were expressed and the responses to them. In this way they provide the background reality to the changes which respondents described. Nevertheless, as Gomm (2004:185) has suggested:

'*There are many things which researchers cannot investigate at first hand, and can only find out about by asking people questions.*'

The development and implementation of drug policy is one such area. It is possible to study the policy sources themselves, the political speeches and the other papers which were written around this time. However these can only hint at some of the connections between individuals, their reasoning, negotiations and considerations which were taken into account in the development of those policies. Relatively little is written about policy implementation and about drug policy in particular (Duke 2003:24); what is available is most likely to be a particular evaluation of one small part of the process, or might touch on some aspects of that process. The thesis has

therefore sought to focus with equal weight on this under-researched area. It is hoped that the methods used allow for a more detailed examination and exploration of the research questions and shed some light on the process of policy development and implementation.

The timeframe under consideration 1994 - 2004

The timeframe has been drawn to incorporate the development of each of the drug strategies and to allow some consideration of the implementation of each element. The interviews with the national policy makers focused on the development of the first drug strategy, TDT (1995), and gave brief consideration to the development under New Labour of TDTBBB (1998) and the changes which occurred. The interviews with DAT coordinators and other drug policy implementers focussed in particular on the strategies post 1995 as a number of interviewees had worked in an implementation capacity on all three strategies. The selection of the different groups and different time frames was deliberate. It allowed for the thesis to follow through the process of initial policy development and look at the original aims of the policy architects, and then consider what effects attempts to work with or implement the strategies had, along with other factors.

In the words of TDTBBB (1998) the focus of TDT (1995) was on the structures for policy delivery, whereas the later strategy was concerned with the delivery of change (TDTBBB 1998). The chosen focus for this thesis allows for consideration of the intentions of the drug policies and particularly why the structures that were devised were created for drug policy delivery. In addition, it has been possible to look at how these structures affected the process of implementation. By focussing with each group of respondents on the particular process and structures for which they were responsible or operated within, the policies were able to be fully explored as an 'idea' and as an 'actuality', a functioning process.

Chapter outline and structure of the thesis

The structure of the thesis tells the story of drug policy development and implementation during the period 1994-2004. The chapters follow a logical sequence that introduces the key concepts and relevant literature, the documentary sources, and the drug policies. In the following chapters the empirical research considers the facets of policy development and implementation. In the closing chapter the findings are discussed and the conclusions drawn out.

Chapter 1 introduces the key themes which will be revisited in each of the chapters and which have informed the analysis undertaken. This is fully developed in Chapter 2 which looks at the theoretical perspective and analytical framework which governs the thesis. The key concepts are discussed and the relevant literature explored. The intention has been to use these concepts as the focus for the literature review, so that it has been broad enough to include the relevant disciplines, but focussed enough on the essential themes. This review has included concepts such as policy, a policy community and the development of drug policy in particular. The latter has included a discussion of the political and historical context of penal and health agendas as they have focussed on the drugs issue. An analysis of the changing political consensus and moralisation of the social policy agenda during the period, which included ideas of social responsibility, community, choice and compulsion, has also been undertaken. All of the above ideas can be connected to the Conservative administration and latterly to New Labour who further developed the partnership structures and devolved and regionalised forms of governance which are also considered. Latterly the development and impact of performance management is examined. Finally the concepts of institutional resilience and change are introduced.

Chapter 3 is the methods chapter and outlines how a methodology was designed and methods used to allow for the exploration of British drug policy 1994-2004. Chapters 4 and 5 are based on documentary sources such as policy documents and other government reports, independent reports, political

speeches, research reports and manifestos. However the focus is strongly on an examination of each of the drug policies from Tackling Drugs Together in 1995, to Tackling Drugs to Build a Better Britain in 1998 and the Updated Strategy in 2002. The changing emphasis and architecture of each strategy is examined and this is supported by other evidential sources where they are available. The chapters consider the policy emphases and the many structures which have been created by each policy or metamorphosed from one document to another.

Chapters 6 and 7 cover the empirical research which has taken place. Chapter 6 is focussed on the interviews undertaken with senior members of the policy making community from within the civil service and voluntary and statutory organisations. The interviews draw on key themes of a policy community, the impetus for policy development and the reasoning behind the partnership structures. Chapter 7, also based on original material, comprises the interviews undertaken with those involved with policy implementation. The majority of interviewees are drawn from DATs, but some were also included from organisations charged with linking the localities to the centre and managing their performance; these interviewees are drawn from the regionalised National Treatment Agency and Government Office drug teams. The interviews draw on the themes of change and developments in the drug policies and DATs over the period under consideration. This helps to understand the changing focus of drug policy and the impact of this on localities. The interviews also explore the issues of performance management and the importance of funding. Importantly Chapter 7 seeks to understand, through the voices of implementers, what implementing drug policy through partnership structures during this period has involved.

The final chapter draws out the important concepts and themes with which the thesis has engaged. It demonstrates how the documentary analysis and empirical research help to further our understanding of those concepts and in particular the making of drug policy 1994-2004.

Chapter two – Contextualising drug policy

Introduction

This chapter sets the context for the thesis and looks at what informed the development of UK drug policy, alongside scholarly considerations of what policy is and how it is made. In addition it is concerned with the development of partnership structures and thinking about these as new forms of governance. Other related issues are explored including the emergence of New Labour and an increasingly moral social policy agenda; the latter informed by ideas of social responsibility and community, allied to ideas about the primacy of the market and concerns to ensure value for money and effectiveness. The influence of these agendas on drug policy is looked at in particular.

In this following section we will briefly consider a broad sweep: how this all 'fits' together as a whole, before the period and theorising is examined in greater depth.

Key concepts

Policy making can be described a process which involves a number of actors among them, politicians, civil servants and those working or lobbying on social policy issues in the voluntary, statutory or business sectors. It can be viewed as a pattern of events which contain a sense of authorised decision making (Levin 1997: Colebatch 1998). Commonly, policy making is also portrayed as influenced by policy communities who work together to bring forward a collective policy aim (Duke 2003; Sabatier 1998). The development and implementation of policy and the potential for the existence of a policy community are therefore important to the thesis as a whole.

The development, resulting structure and moral trajectory of drug policy has also been influenced by other factors. This thesis is concerned with the

period 1994-2004, but prior to this the collapse of the post-war social consensus can be seen to have laid the groundwork for the shape which drug policy took (Donnison 1991; Brown and Sparks 1989; Harris 1989). That groundwork was established through the formation of a moral agenda which delineated 'outsiders' and 'insiders', allowing for a debate which was shaped by appeals to the 'community' - defined as those who showed 'social responsibility' and who could therefore claim 'social rights' (Deacon and Mann 1999; Field 1996; Donnison 1991). These moral trajectories can be traced through the work of theoreticians whose work is considered to have been influential, such as Murray (1994 with Hernstein) with the New Right and Etzioni (1997) with New Labour. They can also be seen to become influential on the drug policy agenda with an increased focus on community within each drug policy over this period and the link between communities, deprivation, crime and social responsibility becoming more explicit (TDTBB1998).

The moral trajectories and collapse of the post-war welfare consensus are seen to occur at the same time as the deconcentration or decentralisation of the centre through a process of devolution, regionalisation and devolved partnership working. The two principal UK political parties (Conservatives and New Labour) can be seen to have pursued these same policies for different reasons. The Conservatives favoured regionalisation and partnership working because it offered opportunities to 'go round' the local authorities with whom they had difficult working relationships (Deakin 1994) and because of their political orientation towards a deconcentrated state. New Labour were seen to embrace the same concepts for very different reasons; for them partnerships offered the opportunity to 'reward' and modernise local authorities (Daly and Davis 2002) and to devolve power to the regions and Scotland and Wales (Newman 2001:72).

Both parties, when in power during this period introduced and strengthened new forms of governance such as partnerships (Lowdnes 2005; Davies 2005; Glendinning et al 2002; Newman 2001). This style of work existed prior to 1993 but was given new impetus and expanded and formalised under New Labour. Drug Action Teams (DATs), the partnership forms designed to

implement drug policy under the first strategy, Tackling Drugs Together, in 1995 were one of the first formal structural partnership forms of this kind. Partnerships are considered by some writers to have become 'new institutions' (Newman 2001) and by others to be over-exaggerated as new forms of governance (Davies 2005). The latter view is particularly related to an analysis concerned with the existence of a strong performance management and managerial culture which has grown alongside the partnership forms (Feeley and Simon 1996). It is arguable whether a performance management and managerial culture represent an overly strong central government or *'a new focus on delivery'* (Modernising Government HMSO 1999:1) and a concern to ensure effectiveness.

A concern with the delivery and effectiveness of policy has been demonstrated by government throughout this period and is linked to a wish by both parties to be able to demonstrate value for money. For drug policy this is also borne from an acceptance that 'treatment works' (MacGregor 1998) combined with a need to investigate which treatment, to whom, where and how (Duke 2003). Despite some concerns about performance management by the centre, empirical studies have been able to evidence a level of 'choice' which local partnerships are able to make in response to local needs and priorities (Lowdnes 2005; Davies 2005). Furthermore, the empirical studies of partnerships have demonstrated the influence of a number of factors which are central to their 'performance'; these are history, values, a policy structure and a network of key actors (Wong 1998; Miller 1998; Knoepfel and Kissling-Naf 1998).

There has been a plethora of partnership forms of governance between 1994-2004, overwhelmingly introduced to deal with areas of social complexity. They have, moreover, been a strong structural feature of drug policy. Some have considered that this form offered the opportunity to move away from the old dichotomies of penalty and treatment within the drug policy context (Macgregor 1998); others that the distinctiveness of British drug policy has been lost and that this has allowed for the hegemony of the penal approach (Stimson 1987; Duke 2003). It is clearly arguable whether new institutions

have been created from partnership forms, or whether we have witnessed institutional resilience (Klein 1993:12) in the face of these innovations. Within the drug policy context this is of considerable interest because of the historic institutional power of the Home Office and Department of Health, both of whom are key players in this social policy area.

The chapter will now be divided into two sections; part one looks at the recent historical background to and development of drug policy in the UK and part two looks at the theory and practice of policy development.

Part one - Drug policy

Introduction

Drug policy 1994-2004 is discussed in detail in Chapters 4 and 5. The focus in those chapters is on the context in which policy was developed and in particular the detail and architecture of the policies, including the mechanisms which were designed for implementation, such as DATs. The following section therefore lays out briefly some of the key issues with regard to drug policy more generally during this period. In particular the link is also made between the other key concepts, such as policy, partnership, New Labour, managerialism and drug policy.

Macgregor (1999) has suggested that after the Cold War the issue of drug misuse had '*...risen higher on the international policy agenda because it serves as the glue which anti-communism previously provided...*' There is a sense that drug policy is able to bring together disparate groups locally, nationally and internationally because it is possible for everyone to conceive of drugs as a menace which can be collectively fought against. In this sense working to combat drug misuse and working in partnership share a common understanding across different groupings within the social policy world; they are both 'joining' concepts which everyone 'knows' to be a 'good thing'. They are also both linked to a conception of complexity. Further, partnership

offered a method for dealing with issues which transcended a single social policy area and it was brought together with an issue (drug misuse) which cut across the agendas of many organisations and individuals at a local, national and international level.

Additionally, the focus of drug policy has changed during this period. It is considered that throughout the history of drug policy dichotomous explanations have been proffered which have been characterised as the medical and penal discourses. There has been a perceived shift in dominance between the two agendas within the UK during 1994-2004 and this is most often represented as an increasing dominance of the penal agenda. At the same time however there has been a change within the wider social policy debate which has prioritised 'rights and responsibilities' and the needs of communities. It may be argued that the shift in these discourses has impacted on the drug policy debates and that this impact caused a change in the approach to the drug user. This change in approach may manifest itself as an apparently penal discourse but may, in fact, arise from a moral conception of the duties of the active citizen who is due a safe and secure environment within their community, which takes precedence over the needs of the individual.

What are drugs and drug misuse?

The definition of drug misuse which is accepted in this thesis and is also used as the basis for much British social and drug policy throughout this period was proposed by the Advisory Council on the Misuse of Drugs (ACMD 1982) as:

'*Any person who experiences social, psychological, physical or legal problems related to intoxication and / or regular excessive consumption and / or dependence as a consequence of his or her use of drugs or other chemical substances.*'

Additionally, throughout this study 'drug' means a substance which is used to affect the functioning of the person taking it (Tyler 1988), but which has been

prohibited for use by societal expectation or legislation. As South (1999) noted ' *the blurring of legal and illegal status of drugs is one among several thought-provoking features of the emergence of a late modern 'pick 'n' mix' poly-drug culture*'. Within the thesis, the focus is on policy making, which is concerned solely with illegal or prohibited drug use.

The scale and nature of drug misuse 1994-2004

During the period under consideration there is a sense that drug misuse changed in its nature and scale at a local, national (Stimson 1987) and international level and this presented nation states with issues with which they needed to deal (Mowlam 2002:367). Furthermore, there had been an economic downturn in the 1970s, the collapse of the welfare state (Deakin 1994; Harris 1989), a rise in New Right explanations for social behaviour which were increasingly popularised (Hernstein and Murray 1994) and accepted (Brown and Sparks 1989) and a growth in crime and all were linked in some way to changing explanations of drug misuse (MacGregor 1998; 1999). The suggestion is that the policies of Thatcher (and those of Ronald Regan in the USA) achieved a change in the language of debate – '*...how we talk about a problem, how we imagine its solution...*' (MacGregor and Lipow 1995:17). There is also evidence that in the UK (and the USA) the social and economic policies which had been pursued widened the gap between rich and poor and that this gap grew substantially between 1979 and 1989, representing the '*biggest shift from rich to poor in the 20th Century*' and proving there was to be no '*trickle down*' (Townsend 1995:217). The impact of social policies like this was to create increased levels of perceived social dislocation and related problems, such as a growing crime rate (Downes 1995). Additionally, England and Scotland experienced a heroin epidemic which:

'*...settled with particular severity in areas of high unemployment, social deprivation and housing decay...*' (Pearson 1999:94).

A link was made between economic deprivation and drug misuse; heroin, in particular, in the UK. In the USA, writers such as Eloise Dunlap (1995:115) researched in-depth, ethnographic studies, which provided detailed evidence of the way in which:

'*...macro level 'social forces' create conditions which lead to stressful situations and conflicts at a household level...*'

The suggestion was that the failure to address these fault lines, resulted in further '*crisis induced responses*', of which drug misuse '*is only one response*' (Dunlap 1995:117). The focus taken by some academics onto specific geographical areas and groups introduced and popularised the conceptual link between community, environmental factors and drug use (MacGregor 1998). The Conservative government did not draw a link between increased crime, rising drug use and economic circumstances, although it was included within a New Labour discourse.

The account of a change in drug using behaviour in the UK (Parker et al 1987; Pearson 1987) is now largely accepted and has subsequently been built into British drug policy, along with an explanation which (more controversially) links drug misuse with crime (NTORS 1996:1[6]; Hough 1995; Bean 1994; Anglin 1990). Additionally, empirical studies were commissioned and appeared to provide the evidence for this (NTORS 1996). They suggested that those who had committed offences were also misusing drugs and that there was a link between the two behaviours; driving down one would, therefore, arguably lead to a drop in the other (NTORS 1996). Feeley and Simon (1996) have commented that the power and persuasion of such accounts, was that they allowed for managerialist based assumptions about drugs and crime to be instituted into the penal fabric and that these assumptions led to the identification of groups of people who could then be contained or treated. It is possible to suggest that we can see the response to this actuarial challenge within drug and crime policies particularly under New

[6] This was the Task Force to Review Services for Drug Misusers 1996 published by DoH. It is referenced throughout the body of the thesis as NTORS as this is how it is most commonly known, but shown in the bibliography fully referenced.

Labour. Furthermore, research and scholarly views have appeared to directly impact on drug policy during this period and have not fallen '*on deaf ears*' (MacGregor 1999:75). Policies have been developed which, MacGregor (1999) would argue, have been derived from medical and sociological schools of thought, whose research has suggested that '*policies aimed at increasing employment, education and training for young people, especially those in disadvantaged neighbourhoods...*' are what is required to combat drug misuse. New Labour introduced a range of social policies (such as SureStart) which sought to tackle areas of deprivation, anomie and aimlessness and perhaps bolster prevention efforts. The policies drew on moral and managerial philosophies aimed at improving and containing drug users and others who were seen to be 'separated' from mainstream activity; the policies sought to lay the foundations for their re-engagement.

How much drug misusing behaviour has spread out across the population to the point of 'normalisation' has been a more contentious debate. Meesham, Newcombe and Parker (1994) argued that there was a normalisation of drug use amongst young people, but South (1999) and Shiner and Newburn (1999) have countered this argument suggesting that even amongst the age group most likely to use (young people) – most do not use drugs. They have also argued that rather than a 'normalisation' of drug use, there is in fact a 'neutralisation'. They suggest that drug using behaviour has been over-represented and whilst there had been a change in the availability of drugs and changes in drug using behaviour this related principally to one off drug-trying and cannabis use, along with an increased tolerance towards certain types of using behaviour by non-users. Additionally, they suggest the fear of drugs was linked to a fear of young people (South 1999) and that drug policy was aimed at their containment.

The 'scale' of drug use and the possibility of normalisation or neutralisation of it as a behaviour is important to the thesis, because policy making must be seen to have legitimate aims and to be congruent with the public's commonsense expectations. Therefore a drug policy based on prohibition and prevention should, one would consider, require a population which is

largely drug free, in order that they support it's direction and be concerned about a rise in use, but which is 'drug aware' enough to support policies which aim to tackle misuse and supply increasing level of resources to do so. Whether those resources are aimed at treatment or containment is likely to be part of the debate in a changing social policy dimension.

Drug misuse - a discourse of hegemonies?

Drug policy in Britain has a long and well described history (Berridge 1996) in which it is considered there has been a continuous tension between medical and penal approaches and that at different times one or other approach has been exerted or dominant. These two apparently competing spheres of influence have remained and the 'struggle' between them has continued to be played out during recent years, despite partnership working.

The 'British Model' and the penal / medical tensions are frequently discussed facets of British drug policy (Stimson 1987; MacGregor 1999; South 1999; Duke 2003). The 'British Model' term is usually used to describe a social policy approach which treats drug users as 'patients' and thus comes from a medico-centric (Stimson 1987) or socio-medical (Macgregor 1999) philosophy; which prescribes methadone to heroin users and whose approach was perceived as '*helping the individual*' and limiting '*the social problems of addiction*' (Stimson 1987). This is largely contrasted with a social policy approach concemed more with penality and containment (usually linked to the USA; Stimson 1987).

The tensions between treatment and punishment for drug misuse have been palpable throughout the varied social policy agendas, prior to and including the period covered by this thesis. The impact of these tensions is real and it is not a purely academic or semantic debate. An indication of what the penal / medical tensions meant in practice was given by Joy Mott, who (speaking from a Home Office research perspective in 2000) said that during the 1970's and '80's *'... the Home Office could not fund research into treatment.... epidemiology;... seemed to belong to the Dept of Health but it ended up with*

the Home Office putting questions on drug misuse into the British Crime Survey' (Mott 2000:336). Thus, tensions and debates about who had the 'right' to deal with drugs issues and how those varying perspectives could be debated, integrated and brought to bear, had a direct impact on policy, service delivery, law, and the ability to 'know' what was happening through research.

The last 20 years have been a time of considerable activity with regard to British drug policy, possibly to an unprecedented level (Stimson 2000; Mowlam 2002). There have been changes to the legal system and penalties; there have been changes to the treatment options that are available; there have been numerous research studies, a new structure for implementing drug policy has been developed and there have been a considerable number of changes to the way in which drug policy is managed. The focus of this study is particularly on the latter two areas. The new drug policies have led to a scale of change and investment in the late 20th Century and early 21st Century that sometimes meant that even those actively involved were confused by the speed and scale of change or saw it as remarkable:

'It was all progressing okay, (drug policy) *but new initiatives kept being added all the time.'* (Mowlam 2002:321)

This is in marked contrast to the 1970's *'apathy about drugs'* (Stimson 2000:331).

Despite the changes the trajectory of drug policy has been remarkably consistent over the last decade (1994-2004) with the penal / medical tensions which went before; there has also been continuity between Conservative and New Labour aims (Duke 2003). During this period penality appeared to emerge as the dominant hegemony; however it might also be argued that the penalogical hegemony has simply been the most obvious, as medical perspectives have remained influential and the funding of treatment interventions has flourished (Updated Strategy 2002). The thesis will explore this in greater detail throughout the following chapters.

As we have seen, economic and other changes were also occurring in Britain during the 1970's and 1980's which are characterised as the breakdown of the post-war social consensus (Brown & Sparks 1989; Harris 1989; Donnison 1991) and during the 1990s there was an increased focus on partnership forms of working. The partnerships created for the implementation of drug policy are rarely included in the discussions about these new forms of governance (Glendinning, Powell & Rummery 2002). Similarly, within the field of drug policy research there is little focus on the structural changes to policy delivery which have occurred and much focus still on the penal/medical 'divide' (Howard 2002; MacGregor 1999; Stimson 1987).

Berridge (2006:106) has suggested that, historically, a similar pattern of tensions between different discourses can be traced with regard to alcohol policy. She described a '*mingling of medical science with crime and disorder concerns*' which allowed for an *'historic connection between these medical strategies and criminal justice agendas*'. She highlighted the role of the probation service in typifying and organisationally providing the link between the two agendas. She described the '*medical and scientific sector*' as '*less well networked by comparison with the public order lobby*' (2006:107) and suggested that the result was the dominance of the penal agenda. She drew out the importance of networks, the development of policy trajectories and the dominance of a particular agenda through the use of policy networks or communities. The similarities provide some understanding of how partnership working might also have impacted on the direction of drug policy, through the inclusion of the criminal justice agencies. This is useful because of the scholarly 'gap' in this area. Further, it points to how a number of factors in drug policy might have led to the direction which was pursued. This might include the changing pattern of dominance over the agenda, along with perceived changes in the profile of drug users and the linking of drug use with particular geographical areas which perhaps made locally based partnerships appear an appropriate response. These inter-connections strengthened the link with conceptions of 'community' which were becoming increasingly important during this period. Finally, they might also have justified a focus on drug users as geographically and socially contained and as potentially

damaging to their communities and thus requiring (and perhaps deserving) compulsion towards change.

Changing conceptions of drug use, users and the link to community

As illustrated, concerns about drug misuse increased during the 1980's and early 1990s based on evidence that it had risen and that the patterns of use and the profile of the drug user had also changed (Parker et al. 1987: Pearson 1987; Stimson 1987; Home Affairs Committee report 1986). Explanations which featured substance misuse as a bohemian activity, solely the concern of the individual, declined and increasingly a link was made between substance misuse, poverty and anti-social or criminal behaviour and the safety of communities (Stimson 2000; Green 1998; MacGregor 1998). Himmelstein (1978) argued that the intention in so doing was to repress the drug user:

'*Drugs associated with groups low in the privilege structure are the ones that get proscribed and stigmatised. Groups high in the privilege structure are the ones who do the proscribing and stigmatising.*'(Himmelstein 1978)

MacGregor (1998:192) asserted that this led to a '*fear of contagion and... disorder...*' and Stimson (1987:482) that it was '*linked to a demedicalisation of drug problems*'. This change in perception and portrayal was understood to have occurred under both the Conservative and New Labour governments post 1979 and to have been allied to moral trajectories concerned with social responsibility and the importance of communities (Field 1996; Green 1998; Stimson 1987 and 2000) which in turn led to a desire for '*a new policy direction*' (MacGregor 1998:192). Some have suggested that this movement in perception also allowed the drug user to be viewed in their social context and that this brought a:

'*...recognition of the influence of social and environmental processes in both the causation of drug misuse and in intervention strategies*'. (Macgregor 1998:185 drawing on Edwards 1995).

Community had become an increasingly contested term, whose meaning varied according to who used it. Nonetheless, for those who said and wrote it, the intention most often was to conjure a meaning which was positive and which related to a group of people with shared interests. It might be argued, moreover, that many political commentators also used it to provide the 'other' to the perpetrator of social 'evil' and dislocation. For the Conservatives in 1979-1997 it was the social security 'scroungers', the single parents, the unions and the moral laxity of the 1960s; all of these were set against the 'real' people, who lived in communities and wanted a return to 'old fashioned values' and recognised the work ethic and the value of hard work and saving. For New Labour post 1997, the 'community' was set against the 'scourge' of drug dealers and users, the criminals who wrecked social spaces and parents who failed to take their duties seriously either in terms of anti-social behaviour or truancy.

The link between community as the positive and the threat from outside it as the negative 'other' may be linked to writers such as Etzioni (1998), who have argued that communities, meaning the majority population, were undermined by those who did not accept their full social responsibilities. In so doing, they placed an unfair burden on others, or undermined the positive things which the majority were doing. This led to a lack of social cohesion and brought about social decline. Etzioni (1998) was the principal theorist in this form of writing which became known as 'communitarian'. It was influential within the UK on both the Left and Right and can be seen to have directly influenced New Labour at a time when they were reconsidering their social strategies in the early-mid 1990s. Frank Field (1996: a Labour MP and one of the New Labour thinkers in the early stages) was particularly influenced and devised social responses which drew on the idea of 'stakeholders' and that 'with rights come responsibilities', which communtarianism espoused, and stressed the 'social duties' of individuals.

Skidmore and Craig (2004:6) draw on the work of Marilyn Taylor (2001) to suggest that:

'the idea of community has descriptive, narrative and instrumental dimensions'.

They suggested that it is the normative term that has become the most '*pervasive*' and that consequently '*community is usually a loaded term,*' which implies a '*positive*'. This is because it is also seen to provide the balancing factor against '*unrestrained individualism*' and the '*unwieldy, impersonal hand of the state*' (Skidmore and Craig 2004). It is the 'community' as 'actor' therefore within social policy which is important; the suggestion of 'community' which can be seen to be so compelling to New Labour leading up to and post 1997.

Drug policy, partnership and 'joining up'

General social policy concerns which embraced health, crime and communities are aspects which contributed to the national drug strategy which was launched in 1995, Tackling Drugs Together. MacGregor (1998:186) has argued that:

'*The changing shape of policy responses is a reflection of the changing context within which drug misuse occurs*'.

She suggested that drug policy could be seen to be the result of changes in drug taking and drug supply, but was also the result of an increasingly urbanised, globalised economy in which the post-war social consensus had broken down and the ideology of working in partnership was dominant.

The strategy which 'emerged' from this context sought to bring penal and medical agendas together, although it was also asserted that it could not be known what 'caused' drug misuse, and that this might include individual, social or environmental factors (TDT 1995). It was coordinated at the centre by a small body, the Central Drug Coordination Unit (CDCU) which worked within the Cabinet Office and in the localities via partnerships which were

called Drug Action Teams. The strategy focussed on increasing the safety of communities, reducing the acceptability and availability of drugs to young people and reducing the health risks associated with use (TDT 1995). In 1998 following the election of New Labour the drug strategy was extended, leading to a changing focus, so that links between drug use and social and environmental factors were drawn out and funding was also increased (Tackling Drugs To Build a Better Britain 1998); other developments included drug strategies for specific areas, such as prisons (Duke 2003). In 2002 the Updated Strategy again increased funding levels and placed a greater emphasis on the link between drug misuse and crime. All three strategies have however kept partnership as a core theme and DATs as their local embodiment and mechanism for delivery.

The incorporation of drug issues into other initiatives also began under New Labour and this can be interpreted in a number of ways - as an attempt to 'join up' government, due to the raised profile of drug misuse issues or arising from recognition of the link between drug misuse issues and other areas of social policy. Thus, drug misuse was a theme which ran through and across other policy areas, such as the Criminal Justice and Court Services Bill (2000) which included specific provisions for dealing with drug users within the criminal justice system. MacGregor (1998:188) has suggested that the linking of drug issues into other policy areas was a *'profound'* change. In addition, policy responses to drug misuse included performance management functions which would assist with the collection of evidence of their implementation and effectiveness.

Managerialism and performance management

The accounting mechanisms and the use of Key Performance Indicators (KPIs) have been a consistent feature of recent British policy making and have impacted on drug policy. Much of the development of this apparent bureaucratisation and management focus is perceived to have begun in Britain under the Thatcher government in 1979 (Brown and Sparks 1989). Analytically it is often linked to the breakdown of the welfare state and its

perceived inability to deliver 'the good life' (Harris 1989; Deakin 1994). Various solutions were sought which included privatisation and the rolling back of the welfare state. Where state and welfare functions continued they were to be accountable to central government for the money they spent and the outcomes that flowed from that spending (Brown and Sparks 1989; Harris 1989; Deakin 1994). These agendas have continued under subsequent New Labour governments and Mo Mowlam (2002) wrote in her memoirs that it was the responsibility of government to modernise so that central government could:

'*...do its job properly and make sure that the services people pay for through their taxes are delivered efficiently and effectively for everyone*' (Mowlam 2002:344).

Mishra (1990:106) suggested that some people underestimated the significance and reality of the changes in language introduced under Thatcher. This, he argued, was because they interpreted the terms, 'management', 'adaptation' and 'flexibility' as politically neutral, but that the:

'*selective privatisation of the welfare state services has weakened the universal nature of these and paved the way for residualisation*' (Mishra 1990:35).

Interestingly, Mowlam (2002) and Blunkett (2006) both appear more inclined to demonstrate a concern with implementation and to see their policy responses as pragmatic and New Labour have adopted a language of managerialism which has gone under the heading of 'modernisation' (Modernising Government 1999: HMSO). More generally the arguments in this area fall under a heading of 'new public management' (NPM) which '*...often eludes easy definition*' (Powell and Exworthy 2002:19). Powell and Exworthy (2002:19) suggest (drawing on Ferlie et al 1996) that it includes four basic approaches – a drive for efficiency, decentralisation, '*a search for excellence and a public service orientation*'.

Feeley and Simon (1996) writing about NPM and its' impact on the criminal justice arena have cautioned against a neutralisation of the terms and have suggested that the incorporation of managerialism into the penal agenda represents both a continuation and a change. They illustrate their account using drug misuse and policy as an example. They suggest that drug treatment and testing were '*hallmarks of the rehabilitative model in the 1950s and 1960s*' but that the recent interest was motivated by a '*hardening of attitudes*' and a disintegration of the '*social conditions*' of the urban poor (Feeley and Simon 1996:372) which required a '*distinctive change*'; this reflected '*the logic of the new penology.*' They argued that the new penology was the natural result of the realisation of the '*widespread evidence of drug use in the offending population*' which meant that one did not need a new theory about what caused crime, but needed a new set of techniques which allowed one to identify and contain that group of offenders. This might be seen to lead to an '*emphasis*' on offenders as drug users and on drug testing rather than treatment (Feeley and Simon 1996). It also allowed, they argued, for the dominant statutory agencies, such as probation and prisons, to maintain their position because rather than offer other forms of support and intervention they could now contain and test. Feeley and Simon (1996) foresaw that this approach would be focussed on the short-term and concerned to '*manage criminals*' (and presumably drug users) rather than reintegrate them. They linked this agenda to one concerned with 'risk' and containment, to the acceptance of notions of an 'underclass' and to the demise of the '*rehabilitative*' ideal (1996:376) and thus to a social policy which was concerned with '*...a kind of waste management function*' (1996:378). They, therefore, directly linked the managerial agenda to a moral debate about drug use and crime.

NPM and the new penology are of indirect relevance to the thesis because of the way in which drug policies are implemented, because of their increasing engagement with the penal estate and because partnership structures are seen as being heavily managed by the centre and to have incorporated this managerialist agenda into their functioning (Davies 2005). The managerialist

features in drug policy can be seen to increase under New Labour and to have fitted well with their agenda; this will now be considered further.

New Labour

Social responsibility, choice, compulsion, community and a link between drugs and crime are all words and ideas strongly suggestive of the New Labour approach to social policies subsequent to their election in 1997. Davies (2005:6) has argued that New Labour espoused a '*Third way doctrine of responsibilities as the condition of rights*'. Further, as they approached and then came into power they were clear that they wanted to '*modernise*' government and deliver on their agenda (Donnison 1991; Mowlam 2002; Blunkett 2006);

'*...it is modernisation for a purpose; modernising government to get better government for a better Britain.*' (Blair 1999: Modernising Government HMSO)

The memoirs of those who were members of the first two New Labour governments are packed with references to the slowness of central government mechanisms, to their inefficiency and to the civil service lack of concern with delivery and to New Labour's own concerns to be able to make change and ensure policy implementation (Mowlam 2002: Blunkett 2006). This discourse can be clearly linked to discussions earlier in the chapter regarding social policy changes and partnership and to the rise of a managerial agenda across different spheres of social policy. However it does not in itself provide evidence of a government obsessed with centralising and control; perhaps more with a government obsessed with delivering and implementing its policies and evidencing that to the electorate. A key feature of New Labour rhetoric is the use of the language of morality, alongside a focus on a well-meaning 'community' which needs to be saved from the scourges of poverty, economic instability, crime, anti-social behaviour and drug use. As we highlighted, during the period under consideration, community became linked within the social policy agenda with conceptions of what drives and contributes to drug misuse.

During this period 'community' became a term which was contested, who's meaning varied, but was usually used to conjure a positive. In turn, Tony Blair the leader of New Labour used the philosophy of '*rights and responsibilities*' on many occasions (Davies 2005). These philosophies directly influenced drug policy debates with the development of the idea of the drug user as the 'underminer' of social cohesion, particularly in poor urban areas and large 1950's post war council estates; they are important to the development of drug and other social policies under New Labour and are subtly different from NPM philosophies discussed above.

Pete Alcock (1996:50) commenting on Field's theorising, argued that many of the early driving forces within New Labour, who shared Field's views, came from '*collectivist, Christian*' based leanings and a socialism of '*social obligation and mutual support*' which he likened to Tawney and opposed to what he saw as the more traditional Labour view of '*optimistic, altruistic socialism*'. Others such as Deakin (1996:65) suggested that the theorising within New Labour was more directly dependent upon the victim blaming approach which he linked to the Christian, conservative writers Charles Murray and Lawrence Mead, despite, he argued, their theories having been discredited. Additionally, Melanie Philips (1996:106), writing from a conservative perspective, argued that Field (1996) and other New Labour thinkers failed to consider the cultural forces which she described as influencing a cultural response to welfare, so that '*welfare does not create moral or immoral behaviour, but does reinforce it*'.

A common thread amongst those devising policy between 1994-2004, commenting on policy or commenting on those writing about policy, is the concern with morality; consequently there is a moral underpinning to the policy making and political concerns of this time. Community became a morally loaded word; those outside of it or threatening it could be characterised as morally or socially deficient, in need of reform and re-integration into the social fold, or community. It was on this moral basis that it became possible to compel drug users to receive treatment (DTOs) and the

anti-social to reform (ASBOs). This approach is subtly different from considering that this group just require 'management' (Feeley and Simon 1996).

Further, it is the moral under-pinning which can perhaps account for the difference in style and response to drug policy between the Conservatives and New Labour during this period. For whilst morality is present and underpins both New Right and New Labour responses to many of the complex social issues of the time, the New Right responses are based on a 'rampant individualism' , summed up in Mrs Thatcher's now infamous 'there is no such thing as society' quote. The Conservatives less directly linked their drug policy into this morally loaded philosophising and did not directly link drug users with the morally deficient underclass. Their responses to drug users at this time appear to derive most from their more traditional philosophies of libertarianism and individualism, characterising the drug user as someone who harms only themselves.

It is New Labour who brought about a change in the conception of the social responsibilities of drug users. This change can be traced in the speeches of Labour MPs in the House of Commons; speeches where the impact of drug users and drug use on local communities was lamented (Hugo Summerson MP, Walthamstow, 1989). This would suggest that whilst the philosophies of communitarianism and 'broken windows' are right to be seen to have offered a philosophical basis to the moves in social policy, they may also have been taken up because they accorded with the experiences of the communities - poor, traditional working class neighbourhoods - who prior to 1997 were the voting base for Labour MPs.

The conception of 'community' contained in the speeches of MPs was as a geographical space (MacGregor 1999) which was being undermined by some people living in that area, namely drug users, youths and criminals. Certainly there is a coming together of the representation of these groups as 'outsiders', often with shared characteristics which are inimical to the local community, although they may also be the sons, daughters, mothers and fathers of that

community. The danger of strengthening some bonds within a community (either a geographical space or individuals with shared characteristics) is that some are then excluded from it by definition and that this can weaken as well as strengthen; it can promote the '*social disintegration*' which it seeks to avoid (Skidmore and Craig 2004:14). Additionally, '*social capital*', which is the '*levers and bonds of trust within communities*', is broken down by those who attack the community by taking for themselves what they need, such as criminals. Social capital is, moreover, associated with the ideas of 'active citizenship', social well-being and happiness. Post 1997 a whole raft of policies was developed which sought to promote social capital and to draw on it through the inclusion of active citizens (Davies 2005). Partnership policies, in particular, sought to make this link, including Education Action Zones, Health Action Zones, and Community Safety teams. The proliferation of these types of policies drew heavily on conceptions of community and on another dominant ideology of this time, partnership. Davies has asserted that:

'*...partnership serves the government's communitarian endeavour in that it aims to promote a consensual and participative ethos capable of binding diverse stakeholders together. It provides institutional scaffolding in which 'community' can be rebuilt...*' (Davies 2005:18)

Thus, through linking community and partnership, building both and using a variety of approaches to achieve their social and drug policy ends, New Labour can also be seen to have challenged the '*traditional institutional framework*' of social policy delivery that governed the interactions between local and central government (Lowdnes 2005).

Part two - Policy and policy making

Research concerned with the development and implementation of policy contains within itself an acceptance that such activities exist and can be described. Within this thesis policy is taken to be a 'process' which can be examined; it is a pattern of events structured by a decision making pathway

which has an inherent sense of authority (Colebatch 1998). Levin (1997:15) has said that policy means different things to '*people **in** government*' and those '*...**outside** government...*'[7] suggesting that those outside of it, such as academics, often '*...set out to define 'policy' rather than investigate how politicians and officials use the term.*' (Levin 1997:23) The distinction is useful because within its' specificity about what policy means to policy actors with different responsibilities, it highlights the range of roles that are played within the policy framework by politicians, civil servants, voluntary sector organisations, managers and practitioners. The distinction also helps to elucidate the different stages of a policy process and to incorporate and bring together the elements of policy which are about developing, devising and forecasting action and those elements which are about implementation, doing and being seen to have done. This approach suggests that a policy is not complete once it has been 'thought' and also highlights the different forms of authority which might be exercised within the policy process by the different actors.

The impact of a centralised policy making system has been suggested by some to lead to a gap between policy development and implementation (Darke undated) and, in particular, Wong (1998:474) has linked this to a lack of a tailored response from the centre to local needs. David Blunkett (2006:270) described his surprise that '*some senior civil servants*' were '*...clearly not used to implementing anything, just legislating*'[8]. He portrayed this as a continued frustration throughout his time in office, combined with a sense that civil servants did not know what to do with a '*...Home Secretary who has ideas about which bits he is in favour of, which bits we are consulting on and which bits to rule out*' (2006:271). Blunkett is, therefore, helpful in illuminating the politicians' perceptions about the policy process and in particular about the frustrations which making and implementing policy might hold. The quote above is also useful in highlighting how 'consultation' might

[7] Emphasis original

[8] As a cabinet member of New Labour administrations over a period spanning 1997 and 2005 and as Home Secretary between June 2001 and December 2004 David Blunkett's memoirs have been considered to be helpful in informing an understanding of the development of policy, of New Labour thinking and the development of the Updated Strategy in 2002.

be contained and circumscribed, so that there are '*bits*' which are '*ruled in*' and '*ruled out*' before others ever get to feedback or campaign on or against the '*bits we are consulting on*'. Additionally, his memoirs elucidate both the frustrations he felt on occasions when his own policy making authority was circumscribed and when those at the centre did not understand the needs of local communities or the operational mechanisms of local government (Blunkett 2006).

An analytical framework for investigating policy development was devised for the thesis drawing on the work of Levin (1997). This informed both the investigation of the development of drug policy and implementation. In particular it took cognisance of the roles of different policy actors, the role of the centre and localities. Within this framework 'policy' was seen as a process which could be investigated and to which there were core elements. Those core elements can be summarised with regard to policy development as ownership, commitment and a proposed course of action with a degree of specificity (Colebatch 1998:111); Blunkett's political memoirs highlighted all of these areas as crucial to policy development. He also strongly featured the over-riding imperative against change within the policy process; a commitment to the status quo which is upheld by the bureaucratic organisations of state, such as the Home Office (2006:14; 15; 17; 29; 275; 279; 282; 292; 298; 304). The examples he gave included civil servants changing policy drafts without authorisation, assumptions that politicians were just the '*passing flotsam and jetsam*' (2006:305), as well as acts of deliberate misinformation, withholding of information, individual and bureaucratic incompetence and sabotage. The aspects of bureaucratic inertia and self-serving and self-reinforcing power may have been highlighted by Blunkett because of his personality (they are referred to but emphasised less strongly by Mo Mowlam 2003, for example) and because of the strongly reforming nature of New Labour. However his emphasis on implementation and delivery (Modernising Government 1999) provides important background evidence for this thesis, and highlights other areas such as the possibility of institutional resilience and an apparent inertia moderating and limiting change. The frustration with perceived bureaucracy and a lack of interest in

implementation may be seen however to have provided a further impetus towards and increased support for the use of the new institutional forms, such as partnership.

With regard to implementation, the same factors of ownership, commitment and a proposed course of action which has within it a degree of specificity and authority are also present, but might also include the creation of structures, instruments and measures through and by which the policy will be achieved. Implementation as a policy stage therefore holds within in it an element of action, although this will usually be undertaken by, devolved to, or imposed on third parties who may or may not have been present at the point of policy development. This may be an increasingly less common experience, however, for as Larsen, Taylor-Gooby and Kananen (2006:647) have argued New Labour's inclusive approach to policymaking requires the '*...support of the key stakeholders to ease implementation and legitimate reforms...*'. Additionally, they suggest that New Labour have adopted and developed the inclusive approach because of their concern with implementation and recognition that '*...targets alone cannot secure successful implementation and the government therefore wishes to 'energise' people through active involvement in the design stages of policy.*' (Larsen et al 2006:634)

The 'action' required for implementation might also be affected by factors (such as institutional resilience) which mitigate towards the status quo and this is an area for further investigation. Blunkett (2006:407) has also suggested that there can be a lack of understanding at a central government level about the impact of proposed policy changes on local government and considered that, on occasions, his previous experience in local government was crucial:

'*...if I hadn't known it backwards from being on a local authority, we would never have delved into it and we would never have got it right.*'

The tensions between central and local government with regard to the way in which policy is circumscribed and implementation anticipated have also been

described by empirical studies undertaken looking at partnership and central government interactions (Sullivan et al 2002; Wong 1998; Miller 1998).

The usefulness of Levin's analytical approach is that it helps to make clear the different phases of the policy process such that they can be expressed and investigated. This is helpful, suggesting that policy as a process can be empirically observed, contextualised and understood and Levin's approach helps to articulate the different policy stages. Darke suggests otherwise, arguing that policy is too variable a process '*to offer a generalised model*' (Darke undated:4) and that it might not be possible to '*...identify the point at which policy is made...*' (Darke undated:4). But Levin's approach offers a way to breakdown and analyse the policy process such that it is possible to consider the contribution of bureaucrats charged with policy implementation and to do so not solely from the perspective of an 'implementation gap', but as a part of the process of policy making.

This thesis is concerned with thinking through drug policy development and implementation and has sought to critically identify and appraise that process. Academic models are useful for the conceptualisation of the policy process, and the exploration of policy development and how implementation works, by providing a framework around which to explore it. These frameworks help us to understand the process from design, through to adoption and implementation as Levin (1997) terms it – thus, the making of social policy. An area for further exploration is whether Levin's framework for examining policy making, in particular his 'factors' are as useful when considering policy interpretation and implementation – this is something which this thesis seeks to explore through the original interviews. It is therefore critical to consider whether his theorising helps in the deconstruction of the key factors regarding drug policy development and implementation between 1994-2004.

The factors which Levin describes are:

- Motivational factors

- Opportunity factors
- Resource factors.

What he has suggested is that 'motivational factors' allow the political and driving forces to emerge; the 'opportunity factors' are those whereby the actor takes advantage of the available procedures and structures and finally the 'resource factors' are the opportunity to act and the power to do so. Levin (1997:1) developed his analysis by considering the adoption and progress of a number of policies under the Conservative governments '*in the 1980s and early 1990s*'. He described how Mrs Thatcher liked '*to set-up ad hoc meetings*' (Levin 1997:138) which in themselves could lead to commitment on the part of the PM and would give a mandate to officials to act (also Mowlam 2002). Blunkett's (2006) memoirs are also illuminating with regard to the operation of these factors and one can for example trace how commitment can be built up over time to a particular policy direction (even before politicians are in power) and which can contain a particular dynamic of its own (2006:xvii). This is identified with regard to personal factors and Blunkett's description of how his own father's death due to an industrial accident led to a life-long commitment to health and safety matters (2006:xvi). Further, he discussed in detail his 'record' on disability living allowance suggesting his 'unequivocal' stance on this from 1982 through to 1997, a stance which took a moral trajectory, considering '*the need to get people out of dependence and into self-reliance*' (2006:59). Once in power and installed at the Department of Education and Employment he considered that he acted in accordance with this perspective. These examples can be seen to illustrate Levin's (1997) framework. Blunkett's motivation might be seen to come from his own disability and early experiences, including a strong moral sense of self-reliance; when presented with opportunities to actively forward his views in this area it is his contention that he did so and once in power he used the resources made available to him.

Another important argument advanced by Levin is concerned with the 'linkages' which exist between individuals, organisations, departments and

issues which aid policy development and the 'cleavages' which hinder it. He has argued that:

'*It is important to look not only for linkages but also for the* ***absence*** *of linkages, for* ***cleavages****.*[9] *In a highly departmentalised structure, like the central government of the UK, with many hierarchical, up and down connections within each department but relatively few across from one department to another, the cleavages between departments are particularly prominent. The structure is not only departmentalised but compartmentalised.*' (Levin 1997:53)

A structure at the centre with a direct link to the Cabinet such as that created for drug policy in the first strategy, TDT 1995, appeared to be set-up to get round these cleavages and be able to create linkages. The structure appeared to demonstrate commitment from the Prime Minister, contained an opportunity to make links and, as a reflection of 'power', looked like one which had '*the capacity to produce intended effects*' (Wrong 1979 from Levin 1997:54). The intention in the structure created seemed to offer the opportunity to be neither departmentalised, nor compartmentalised, but policy focussed (and in a phrase which was to become ubiquitous) 'joined up'.

Blunkett and Mowlam's diaries offered corroboration for the importance, when in power, of Prime Ministerial support when trying to make policy changes (Blunkett 2006:35; Mowlam 2002:299). Further, both suggested that not only were institutional 'cleavages' important, but that personal ones were also factors and that these 'cleavages' might be built up over time and come back to haunt a Minister or a policy (Blunkett 2006:13 and 44; Mowlam 2002:286). Consequently, politicians need to be careful not to '*build enormous antagonism*' amongst colleagues and others; especially, if as Colebatch (1998:110) argued, policy is not solely reliant on a Ministerial decision, but the result of '*a complex process of inter-organisational negotiation*'.

[9] Emphasis original

Levin has considered the importance of 'personality' to policy making and to personal relationships, but does not highlight it with regard to cleavages in the way Blunkett's does (and to a lesser extent Mowlam 2002). Nonetheless, the importance of personal relationships, links and commitment to policy making is clear, both as a source of positive support and as a negative energy or dynamic (Blunkett 2006; Mowlam 2002). Levin (1997:57) argued that linkages can be visualised in two ways; as those based on '*levers*' which are obligations and dependencies and those based on '*communication channels*'. The former fits well with descriptions given by Blunkett and Mowlam and the latter with the way in which they recounted conversations, lunches and other personal interactions over matters of policy. We can examine evidence of the use of these 'communication channels' further in the empirical Chapters 6 and 7, but Levin has also demonstrated in his work the importance of '*feelings of sympathy or altruism*' (Levin 1997:60). These were known to have been applicable to Mrs Thatcher and some Cabinet colleagues with regard to the making of drug policy as it is known that some ministers in her cabinet had children with drug misuse issues. Sympathy to the plight of these individuals and families is probable and this draws too on other issues of '*policy as an outcome of a process*', as a '*selective response to interests*' including '*individual and interpersonal behaviour...the creating of commitment and the exerting of pressure.*' (Levin 1997:63) The biographies and memoirs of politicians and other policy makers (Blunkett 2006; Hellawell 2005; Mowlam 2002) are useful as they highlight the many processes which precede the formal announcement or publication of policy: the steps which are gone through before a policy even makes it to the point of public debate. In particular, they often highlight the 'personal' element of policy making and provide evidence of the importance of personal relationships in the formation of policy and / or to the existence of a formal or informal policy community. These elements are relevant to this thesis and as such are considered further in Chapter 6.

There are clearly structural and legislative stages in the development and implementation of policy, for example the use of White Papers as '*the forerunner of the legislation and a key plank in stimulating debate*' and which

can be knowingly used to ensure that people '*knew what it was that we were expecting – and what we were prepared to do to help them achieve it.*'(Blunkett 2006) Thus informal and formal channels are important in signposting ownership, intention, commitment and direction. The motivational, opportunity and resource factors present in the policy making process along with the institutional and personal linkages and cleavages are able to be explored and may offer explanatory mechanisms. The intention is:

'In searching for the mechanisms that operated in a particular case, we are in a sense asking why a policy or measure came into being and why it possessed the characteristics that it did.' (Levin 1997:65)

Beyond this we are concerned with the way in which a policy is subsequently shaped by the attempts at implementation. Policy is not made just because it is 'thought', nor because it is written down and promulgated; thus the thesis is also concerned to investigate:

'...the way in which a programme may have to adapt over time as a result of changes in the national policy context, as well as locally generated changes...' (Sullivan et al 2002:210)

Too often, this is investigated as an 'implementation gap', but it can, in fact, be considered as a part of the policy process. Thus, the research has sought to explore these two elements - policy development and implementation - with regard to drug policy in the UK 1994-2004, '*as a continuous policy dialogue*' (Knoepfel & Kissling-Naf 1998:344). It has looked at how central and local government and their constituent policy actors have been able to shape and refine that policy and the structures created for its implementation - partnerships.

Governance

Beyond signposting intention, the creation of structures with which to support and promote policy objectives is an important step towards the achievement

of those aims; notably because policy development and policy implementation are quite different stages of policy making. The vertical powers and linked horizontal structures set up for implementing drug policy (by TDT 1995) and communicating effectiveness suggest that it was probable, as highlighted, that the drug issue was likely to be able to access many mechanisms of communication and to reach the notice of a full range of Ministers and others operating at a central government level. The structures were also evidence of other policy trajectories which were prevalent at this time, such as partnership and the development of 'devolved' and horizontal forms of governance (Blunkett 2006; Davies 2005; Lowdnes 2005; Sullivan et al 2002; Newman 2001; Miller 1998; Knoepfel et al 1998; Wong 1998). The structures proposed by the Green and White Papers (TDT 1995) regarding drug policy also contained mechanisms for communicating between the centre and localities about the effectiveness of policy implementation. The Central Drug Coordination Unit (CDCU) at the centre was based in the Cabinet Office and the Drug Action Teams, based in the localities, reported to the centre about the progress of implementation through the CDCU. Blunkett's memoirs suggest that this had the potential to be a particularly powerful mechanism (2006:17).

Recent academic concerns with 'governance' centre principally on whether there has been a 'hollowing out' of the state or whether the state has more effectively drawn control into the centre (Davies 2005 and 2006; Lowdnes 2005; Newman 2001; MacGregor 1998; Stoker 1998). This concern has focussed in particular on devolved government, networks and partnerships such as the DATs created by TDT in 1995 and the regional and performance management institutions such as the government offices (Newman 2001:73) and National Treatment Agency (NTA) who have subsequently taken on the responsibility to manage them. The government offices were set-up in 1994 to coordinate the regional policies and programmes of the departments of the environment, employment, industry and transport. They were later expanded and took on responsibility for drug policies post 2002 when responsibility was devolved to the Home Office team instead of the DPAS. The NTA was created as a 'Special Health Authority' in 2000; in this way by 2002, the Home

Office regional teams and NTA regional teams mirrored the 'old' institutional forms of Home Office (penal) and NHS (medical) control of drug policy, although represented in apparently new functional forms.

Newman (2001:16) has suggested that the term 'governance' is best understood:

'...as a descriptive and normative term referring to the way in which organisations and institutions are (or should be) governed.'

Attempts to understand the process of new forms of governance have included evaluations of this form of work (Sullivan et al 2002; Wong 1998; Miller 1998; Knoepfel et al 1998; Hughes 1997), but, increasingly, academics have sought to theorise about the mechanisms for interaction between the centre and the localities, thus the vertical and horizontal forms of governance (Lowdnes 2005; Davies 2005 and 2006; Newman 2001; Marsh and Rhodes 1992) and sought to explore the meanings of partnership and the implications of those meanings (Powell and Exworthy 2002).

Partnership as policy

As we have seen in Chapter 1 partnership has been portrayed as at risk of becoming a 'Humpty-Dumpty' term (Powell and Glendinning 2002:2), likely to lose meaning because of its contemporary ubiquitousness and because of apparent assumptions about it as a positive method of working, particularly around the implementation of policy within localities (Wilkinson and Craig 2002; Miller 1998). As a term, it has appeared, therefore, to gain the status of dialectic. In line with this, Donnison (1991:174) has suggested that:

'*The more important occasions on which people propose new public policies are not like the invention of a better machine....They are more like the emergence of a new school of art or drama which educates people to see the world differently...*'

Partnerships had existed for many years within the UK context (Glendinning et al 2002; Miller 1998; Tyler 1988) although others such as MacGregor have suggested that they owed their resurgence and dominance as a policy form to the US:

'*The current fashionable partnership proposals owe their origin to American conceptualisations of social policy...*' (MacGregor 1998:187)

Additionally others have asserted that partnership has wider links to Europe and that it was indeed a 'worldwide' phenomenon, as Miller asserted:

'*..the requirement to work in partnership across professional, organisational and sectoral boundaries ... dominates the agenda throughout the developed world*'. (Miller 1998:344)

The conceptualisations of partnership usually hold within themselves a sense of organisations working together to solve social ills. They are, therefore, usually linked to complex social problems, such as drug misuse or urban regeneration and attempt to apply '*policy interventions that are dynamic, have a high level of complexity and are able to embrace a diversity in stakeholders, geography and organisation*' (Sullivan et al 2002:206). The policy of partnership has often exhorted the public and private sectors in particular to engage in working together and has also often sought to include communities and the not-for-profit sector (for example the Single Regeneration Budget; Miller 1998). In this way policy development appeared to embrace regime theory explanations for social policy behaviour within localities (Miller 1998; Stoker 1998). However, there has often been little significant involvement of the business sector, in particular in the partnership structures created during this period and very little involvement in DATs beyond token gestures. Additionally the role of the not-for-profit sector and communities has often been nominal (Sullivan 2002; Miller 1998; Wong 1998). Thus, it may be that the partnerships which have emerged have, in fact, had more in common with traditional British approaches to social policy (Sullivan 2002; Wong 1998) and

in earlier attempts to deal with drug misuse issues such as the District Drug Advisory Committees (DDACs; Tyler 1988).

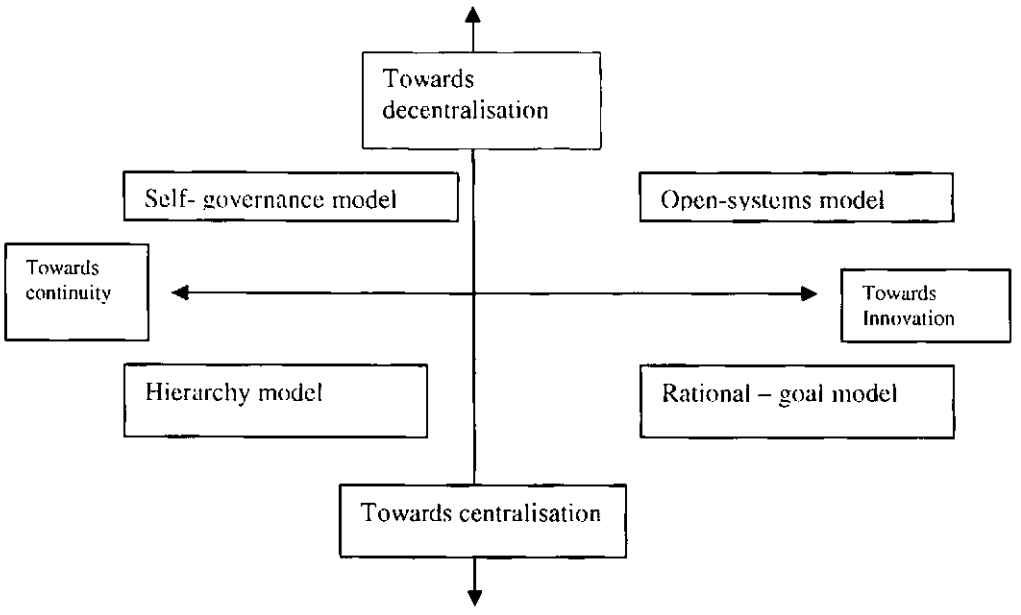
Partnership as a policy response is portrayed as one which makes sense in a world which is '*...diverse and complex, in which power is diffused and governance can be achieved only by building on formal inter-sectoral partnerships*' (Miller 1998:343). The emphasis on partnership as a new form of governance has become increasingly important and Janet Newman (2001) has theorised about it, focussing principally on the horizontal policy mechanisms, looking up to the vertical. This is helpful as many other analysts spend their time looking down from the vertical, in order to discuss the horizontal. Her perspective, therefore, provided some balance against the principally vertical orientation and was constructive for the thesis which is concerned with both the horizontal and vertical forms. Drawing on the work of Robert Quinn (1988), she presented a quadrant which can be used analytically to conceptualise the flows of power in and between the vertical and horizontal policy arenas. This quadrant offered the possibility to visualise and deconstruct those relationships. Newman (2001:32) has argued that:

'*The effects of change programmes do not flow directly from the intentions of those designing modernisation programmes or specific policy initiatives, but from the way competing pressures are resolved on the ground.*'

This thesis is designed to explore that possibility and to test that assertion, by mapping out the ways in which the new form of governance that is partnership is manifested within a specific policy area. In this way it is possible to begin to conceptualise and theorise about the new structures and relationships (Powell and Exworthy 2002).

Newman's version of Quinn's 'quadrant' has four 'models' of operation as its' constituent parts (2001:97); these are a self-governance model, a hierarchy model, a rational goal model and an open systems model. Additionally bisecting the quadrant vertically is a dynamic for decentralisation descending

towards centralisation and bisecting the quadrant horizontally is a dynamic for continuity moving towards innovation:



Modernising governance: models of government

The model proposed, therefore, sought to incorporate a sense of action and change and carry within itself a sense of policy as a dynamic process which is influenced by a number of factors. It offered a complimentary model to Levin's (1997) factors which also proffered a mechanism for visualising and conceptualising policy as a dynamic process; however Newman's (2001) focus on horizontal policy structures and their relationship to the centre provided a balance against the tendency to see policy solely from the perspective of central government.

Partnership as governance – a new institutional form?

Partnership, networks and 'joined up' government are inter-linked concepts which are highly pertinent to the period under consideration and to this thesis. The period is important because it is a time when many working within the public (and to some extent the private) sector at central and local level are enjoined to participate in the new mechanisms of shared working, or

partnerships (Wilkinson and Craig 2002). Partnership is important because the particular partnership mechanisms used for the implementation of drug policy, DATs, are one of the two main points of enquiry in this research. MacGregor writing in 1998 about the contemporary trends in drug policy highlighted that the *'...key elements in this new paradigm are stressing multi-agency cooperation'* (1998:192). There has been significant debate about the development of the partnership approach (Wilkinson and Craig 2002; Stoker 1998; Macgregor 1998; Donnison 1991) but of more particular relevance is the concern with how partnerships operate and whether they are new forms of governance.

Within the literature there are different types of analyses which relate to partnerships as forms of governance. These can be concerned with how the mechanisms of partnerships operate (Davies 2005), or with seeking to analyse whether partnership can be seen to have effectively changed the 'institutions' of local government and thus become a new institutional form in itself (Lowdnes 2005). Although these may not sound dissimilar they each reflect a different area of concern, as well as taking a different focus either at the vertical or horizontal level. The first is concerned with the mechanisms by which partnership or networks inter-face with central government and which has the most (or least) authority (Davies 2005; Stoker 1998) and the second with whether there is an empirically observable change in the way local government does business (Lowdnes 2005). This thesis is concerned to an extent with both aspects. It is concerned with the vertical axis with regard to policy development; with the inter-action between central and local government and how this has affected the process of implementation; and with whether we have witnessed enough change in local partnerships, such that this can be represented as an institutional change.

Lowdnes (2005) has argued that institutions are now no more than '*the rules of the game*' (Lowdnes 2005 citing Huntington 1968) and are therefore '*not the same as organisations*' (Lowdnes 2005:292). In this analysis partnership styles of working can be represented as new institutional forms because they incorporate '*consciously designed and clearly specified*' rules for behaviour

and engagement, such as a structure and performance plans or agreements. Within this definition DATs clearly become new institutions. Additionally the rules might also include particular *'patterns of behaviour'* which might be portrayed as positive or negative. Within the new partnership structures changing patterns of behaviour may become acceptable – thus being open to sharing organisational knowledge and resources may within the new partnership structures become a positive form of behaviour, whereas formerly it may have seemed disloyal to ones' originating organisation. This research focuses on some of these normative behaviours and how partnership structures can change expected or acceptable behaviours (Miller 1998:346 and 353).

It can be considered that the willingness of local authorities (and localities in general, it might be argued) to *'experiment and learn'* is the premise upon which partnership forms are built (Stoker 1998). Other writers suggested that the changes wrought from this willingness *'...matter by setting the parameters for action and establishing the rules of the game, by shaping group identities, goals and choices and by enhancing the bargaining power of some groups while devaluing others'* (Duke 2003:12). Further, the new institutional forms are sometimes portrayed as having the potential for existing boundaries to become blurred; thus actors have to decide what might be in their organisational 'best interests' and what might be in the new institutions' (or partnerships') best interest. Additionally there may be considerations for how those might interact and whether or not there is tension between the aims of each (Knoepfel et al 1998; Miller 1998). Finally, there have been concerns that the new partnership forms may be anti-democratic and that the emphasis on them has *'downgraded the role of local authorities'* (Wilkinson and Craig 2002).

The points for potential sources of tension within the new institutional forms are discussed further in the empirical Chapter 7. The role of 'conflict' is given consideration by Davies (2005:311) who considers it to have been neglected in the analysis of partnership and networks; although others have looked at this area, for example, Knoepfel and Kissling-Naf considered its effect on

partnership and network forms of governance in 1998. Davies suggested that conflict is inherent and a '*constitutive and animating feature of market societies*' and that because of this it is necessary for governmental (vertical) authority to be exercised in order to 'sustain' the new institutional forms. He asserted that conflict is the result of competition which leads to '*winners and losers*' and that this is inherently undermining because some may wish to continue to 'play' with the others in the group, whilst others will then seek to withdraw. As a result, he suggested that the notion of partnership within a competitive organisational or institutional form of service delivery is antithetical to consensual forms of governance. Others would suggest, however, that partnership does, in fact, offer a consensual form of governance (Rhodes 1996; Stoker 1998 and 1997). Further, they would suggest that partnerships and the quasi-market philosophies of the current public sector are not antithetical but that they are resolved in different ways in response to local variations and that partnership styles of working effectively returned power to local authorities who were '*...increasingly expected to play a strategic role in coordinating different initiatives*' (Wong 1998).

Davies' (2005) analysis takes the form of considering those whom he defined as 'orthodox' scholars concerned with governance and those whom he defined as 'sceptical'[10]. It is his suggestion that the former are inclined to highlight the areas of 'choice' (Davies 2005:312). Choice is perhaps best evidenced where policy is interpreted to fit local need (MacGregor 1998), or some areas of policy enhanced whilst others are conveniently ignored. Those portrayed by Davies as 'sceptical', amongst whom he places himself, put an emphasis on the increased levels of centralisation and managerialism which can be seen to have been created under the former Conservative administration and New Labour (also Stoker 1998). This tension between choice and conformity, between partnership as a consensual form of governance and devolved arm of the central state, is palpably relevant to the thesis and as Colebatch (1998:113) has highlighted policy relationships within

[10] Challis et al cited by Powell and Glendinning (2002:23) also appears to use a two dimensional framework which contrasts organisational optimism and pessimism – the former suggesting altruism and rationality and the latter suggesting divergent interests, conflict and competition. They are not therefore unlike the distinctions drawn by Davies.

the vertical and horizontal forms can be characterised as both a '*source of ambiguity and tension*'. Furthermore, they are considered of more general relevance for as Wilkinson and Craig (2002) draw out there are '*only two elected bodies in the country and that is national government and local authorities*'.

Lowdnes (2005) has developed considerations of the way 'choice' and '*competing pressures are resolved on the ground*' (Newman 2001) and has argued that relationships between the horizontal and vertical forms are not based on a one way flow, but that:

'*Strategies are shaped by the rules set down from above, the pull of local tradition, the economic incentives at stake and the way in which the game is regarded within society at large. Top-down and bottom-up institutional influences interact in important ways to produce an uneven patterning of uniformity and diversity across local government*'. (Lowdnes 2005:294)

She has highlighted that despite considerable innovation within local governance in recent years and under Thatcher and Major (2005:298), much has remained remarkably constant (2005:296). Thus there is evidence of change and continuity, evidence of central government directive and local interpretation (and also on occasions local disregard). For this reason she has argued (drawing on Pierson 2003) that '*in relation to institutional development we should look for long-term causes and long-term outcomes*', because otherwise we may misinterpret the significance of a particular change, or miss the long-term importance of another. Chapters 6 and 7 of this thesis are concerned to explore the empirical evidence regarding the flow of information and direction between the horizontal and vertical policy domains and the patterning of uniformity and diversity which have been created by drug policy and partnership working. As such, it offers the opportunity to consider both short-term and long-term effects. It will provide the opportunity to consider the relevance and evidence for the differing forms of analysis which suggest alternatively that partnership is a relationship based on consensus, or one based on central government domination. This will,

therefore, once again give the opportunity to consider the importance of institutional resilience and the vibrancy of new forms of governance.

Partnership, deconcentration and performance management

Partnership structures have become popular at the same time as other forms of devolved or localised forms of governance have also been promulgated. The debate in this area about the balance between the centre and the devolved institutions is outside the scope of this thesis, but it is tangentially important because of the creation of regionalised forms of governance which have impacted on drug policy, such as government office drug teams and the regional offices of the NTA. Another term used to characterise these relationships is '*deconcentration*'; it is used to denote apparent movement of power away from the centre but the emphasis is really seen to be on the maintenance of political power at the centre via delegated forms of managerial power (Davies 2005:319). The argument is, therefore, that devolution is not supported by a decentralisation of political power but that there may have been a deconcentration of power. This analytical approach suggests that 'orthodox' observers may have exaggerated the 'consensual premise' of new forms of governance, but that, equally, the sceptics may have over-exaggerated the use of vertical forms of power (MacGregor 1998). Thus, observers such as Davies are particularly interested in conflict between the vertical and horizontal forms and suggest that conflict might arise because of a central government wish to performance manage the horizontal network forms. He has described this as the:

'*...independent variable in the analysis, explaining the interplay between hierarchy and network and particularly New Labour's tendency to centralise despite a rhetoric of decentralisation.*' (Davies 2005:321)

Others, such as Miller (1998:346) suggest alternatively that partnership forms may allow local policy actors to conceive of their engagement pragmatically as one which is strategically significant and in which they are all '*winners within a socially and environmentally conscious framework*'. Further,

Knoepfel and Kissling-Naf (1998:356) argue that the authority of central standardisation might be an important factor for local partnerships which enable them to '*bring about certain solutions*' and Wilkinson and Craig (2002) that evidencing implementation might be useful to locally based partnerships.

This research seeks to problematise the extent to which any of these interpretations are applicable or might be seen to describe the reality for partnerships implementing drug policy. Further, it will explore the nature of the performance management approach through which central government has recently sought to communicate, coordinate and manage the implementation of policy within localities, thus deconcentration; and to consider whether the performance management approach might simply be driven by a government concerned with evidencing stipulated outcomes and demonstrating delivery. Thus deconcentration and managerialism might not be driven by a desire to impose the will of the centre onto localities, which is essentially conflictual, but might arise from a desire to ensure implementation (Blunkett 2006). Thus, although the apparent overall impact might be the same, the intention is palpably different.

Sullivan et al (2002:214) have explored the impact of New Labour on the social policy agenda and characterise it as composed of four approaches – partnership, process, problem solving and prevention. They show these four approaches to be concerned with the delivery of policy which solves complex social problems and seeks to prevent their further or future development and which can be evidenced to have worked. Their argument is, therefore, not one which can be described as 'sceptical' as it portrays central government social policy under New Labour as concerned to break new ground and to evidence that they have done this and how effective that has (or has not) been, not as concerned to control local government or the new partnership forms per se. Sullivan et al (2002:215) have however suggested that the '*capacity*' of local policy actors to '*take joint action*' is sometimes '*questionable*' and thus they cannot be said to be 'orthodox' in their approach either, not because they question the willingness to be consensual in approach, more the ability or resources to do so effectively.

Davies (2005:314) argued that a model of governance '*based on a consensual premise*' in which people '*with diverse experience and capacities*' can be enticed to '*sign up to a common agenda and deploy resources in a positive sum game*' maybe somewhat optimistic. However, the apparent evidence which is proffered by the mere existence of a plethora of network and partnership arrangements across the social policy agenda since 1997 (Wilkinson and Craig 2002) would suggest that there is, in fact, a willingness of organisations and individuals to do so. Thus, perhaps there is a '*normative emphasis*' which can be placed on consensus within a social policy setting. Further, what might be ignored by the sceptical and orthodox approaches, which are portrayed within this conflictual analysis, is a consensual will towards the common 'good' , or the ability to tap into '*the human yearning for larger social purpose*' (Davies 2005:327 quoting Stone 1993:25). Additionally, empirical studies have noted a tendency amongst local policy actors to agree with the current orthodoxy (Sullivan et al 2002), to demonstrate a pragmatic acceptance and a willingness to display appropriate policy behaviour (Miller 1998) and to reveal an increasing sophistication, learning '*how to manipulate the game rules*' (Wong 1998:477). Newman (2001:82) has argued that the:

'*success of Labour's conceptions of 'Modernising Government' is marked by the way in which the language of evidence, pragmatism, 'what works', of goals, targets and outcomes, of joined-up government and partnership now permeates the discourse of ministers and civil servants, managers and professionals, journalists and political commentators and pervades the host of new policy networks and communities that influence the policy process.*'

Thus, it may be possible that partnership as a policy aim has become a discourse of 'apple pie and motherhood' and that this dialectic has an internal mechanism of its own which, for a period, means that it is commonly perceived as a ubiquitously 'good thing' (Wilkinson and Craig 2002). This will be explored further within the empirical chapters.

Policy community

Partnership is perceived as a network form of working and Powell and Glendinning (2002) have argued that government can currently be viewed as preferring network forms of governance to those of hierarchies and markets. They suggest, as a result, that partnerships are in fact a 'quasi-network' as they do have the requisite '*mutual benefit, trust and reciprocity*' usually associated with a network (Powell et al 2002:16) especially as many are now imposed by government or legislation. Powell and Glendinning acknowledge, however, that many of the words of partnership and network(s) are used inter-changeably and, thus, it can be difficult to be clear what is intended or understood by the use of the terms. Partnerships are palpably different from other forms of governance however and have sought to be inclusive and thus the term quasi-network is considered a useful analytical distinction which has been adopted as a working model for the thesis and which will be further explored in the empirical chapters.

However, 'network' or 'policy network' is also used as a form of policy analysis in itself and it is important that this distinction is understood. It is a current perspective often used with regard to policy analysis and might also be referred to as a study of a policy community (Duke 2003 and Knoepfel and Kissling-Naf 1998). Many analyses from this perspective consider the extent to which all potential organisational and individual players are involved in the development of policy in a given area and whether that might be an important factor in the power which they or their organisation subsequently come to demonstrate within that network setting. It is suggested that policy is the sum of the organisations and the individuals who play a part in shaping it (Knoepfel and Kissling-Naf 1998:355), or, as Duke (2003:13) has argued, that policy may arise not as a result of '*unified*' interests, but may be '*the outcome of conflict between state agencies*'. Blunkett's memoirs (2006) would support this, suggesting that policy can be heavily fought over by varying state institutions and departments. Mowlam (2002) would suggest, however, that a considerable amount of activity also goes into building and gaining consensus

for policy actions and demonstrated how these can be reliant on the use of policy networks.

Policy communities or networks will be briefly considered in later chapters as important to the arena of drug policy which has been consistently portrayed as one which is defined by the penal and medical tensions which permeate, decide and divide it (Berridge 2006; Duke 2003; MacGregor 1998; Stimson 1987), although they are not the principal focus of the thesis. The development of drug policy has been intrinsically linked to which might, or might not, have been the dominant discourse at any one time; further it is related to who may or may not have been influential on the development or (although less often considered) implementation of policy agendas across this period. Thus, not just whose '*bargaining power*' may have been enhanced or 'devalued' but who was present and a part of a policy community or alternatively, who was not. Wallis and Dollery (1997) developed this argument by suggesting that there were in fact 'Autonomous Policy Leaders' whose commitment to bring about change in a given area meant that they waited for their opportunities to advance their cause and, when the opportunity came, seized it and worked within an advocacy network, thus maximising the resources available to be re-directed towards their given goal.

The analysis of networks has been applied to policy implementation, although with less frequency than for policy development (Knoepfel and Kissling-Naf 1998). Partnerships can be seen to be important within this context because DATs sought to bring new organisations to the policy table with regard to implementation of the drug policy strategies. As such they were the embodiment of networked forms, but palpably different from a policy network which may be self-constituting. Nonetheless they may have impacted on policy development in the same way that policy networks do; thus partnerships (DATs) may arguably have changed the balance of drug policy in favour of penal and managerial approaches because criminal justice orientated organisations were allowed a greater level of influence (Duke 2003). Further those organisations who were concerned to use these structures to further their own organisational aims may have gained an

opportunity to do so (Berridge 2006; Sabatier 1998; Wong 1998; Hughes 1997) or to influence drug policy in line with those aims. Those who appeared to take a back seat at this time may have lost control of the agenda. This is drawn out by Lowdnes (2005:291) who has suggested that:

'Institutional entrepreneurs exploit ambiguities in the 'rules of the game' in order to respond to changing environments and to protect (or further) their own interests'.

Lowdnes' (2005) example of 'institutional entrepreneurs' is not dissimilar from Wallis and Dollery's (1997) 'Autonomous Policy Leaders' and both draw out the importance or impact of some individuals and their particular agendas on policy development and implementation. It is suggested that this is particularly the case through the use of networked or partnership forms, which allow for some changes to, or manipulation of the 'rules of the game'. Thus, it may be that a policy community may come together or exist for a reasonably short period, drawn in by the policy imperative or agenda which they share and to which they work for a common aim. This may include a diversity of aims, such as the advancement of their own organisational aims within the broader remit of the partnership agenda.

Conclusions

Drug policy has been affected by the debates about community and social capital in a number of ways. Drug users have been portrayed as undermining communities, leading to a decline in social capital and as increasing negative experiences such as crime, litter, negative representations of an area and unemployment. Drug policy was moreover congruent and adaptable to these policy ideas because it was based on a concept of partnership and espoused a 'joined-up' ethos. As a social policy it was highly adaptable to the New Labour ideological perspective which was communitarian influenced. Moreover the chief operating mechanisms of drug policy (that is the joining up of government departments with other agencies and the voluntary sector)

were exactly the sort which fostered a sense of community and social capital; they were designed to engage and empower. Larsen, Taylor-Gooby and Kananen (2006:630) have argued that New Labour typically make policy in one of two ways –'*bottom-up*' when they want to engage the private or voluntary sector and as an extension of '*government authority*' when dealing with service orientated, administrative or cross-departmental forms of policy change. This they argue can also be traced through their other 'dual' tendencies which are towards devolution and the strengthening of the executive (Larsen et al 2006:633). The response to drug misuse can be seen to have employed both aspects which the partnership style of work has made permissible and Larsen et al (2006:631) suggest that this is congruent with other policy areas where '*different approaches are used even within the same reform*'. Additionally, Larsen et al (2006) have contended that the power of the intended policy recipient is also influential, as well as the amount of expenditure which is to be directed to the initiative. In the case of drug policy the recipients are weak and the funding has increased dramatically; it is perhaps no surprise that the performance management functions have also greatly increased in this policy area.

It is the New Labour identification of drug misuse as a community issue which is particularly relevant to the importance placed upon drug misuse and drug misusers from 1997 – 2004. It explains the approach to drug users as not accepting of their social responsibilities and therefore requiring opportunities to change and, if not accepting of those, to be compelled to accept them; it becomes possible and permissible to do this because, according to this analysis, it is morally acceptable to compel them to take treatment because of the greater good which can be derived by the community from their becoming drug free. This approach has been described as '*...contractarian', offering conditional access to the mainstream to outsiders...*' (Davies 2005:3); such access for drug users comes via a myriad of treatment options, many of which are accessed via the criminal justice system post 1998. However, it may be premature to suggest that this means that the penal discourse has become dominant, or that the medical approach has been disregarded.

Additionally a drug policy has been pursued which has dichotomous mechanisms for implementation; it utilises the mechanisms of partnership which were created by TDT (1995) and the language of working together on the issue. However it has also sought to strengthen the centre through the use of specially created agencies (government offices and the NTA) in order to ensure delivery. As we have seen policy implementation is a considerable driver for New Labour. This approach is pursued therefore because '...*New Labour recognises that targets alone cannot secure a successful implementation...*' (Larsen et al 2006:634).

Chapter three – research methods, process and analysis

Introduction

The focus of this study on the development, implementation and management of drug policy between 1994-2004 marks it out from much other research within the drugs field, where the focus is most commonly on the user (Duke 2003), or the impact of treatment approaches. During this period there have been considerable changes within the social policy framework surrounding drug policy and to the legal system and penalties; these have included changed treatment options and the conceptualisation of how, in what circumstances and with what rights drug users might 'choose' treatment. There have also been a considerable number of changes to the way in which drug policy is managed. This thesis has, therefore, sought to map the processes of policy development, implementation and management 1994-2004 through the use of documentation and the testimony of individuals who played a role within central or local government. The research is qualitative and the concern is with '*human action and interaction*' and not on '*generalisation and prediction*', but on '*interpretative power, meaning and illumination*' (Usher 1997:5).

Research aims and questions

The aim of the thesis is to tell a story; a story of how and why policy making in this area was undertaken and how and why certain structures were introduced (partnerships) and how and why those structures affected the implementation. Additionally, the intention is to be able to say how and why the story was shaped and influenced by individuals, and perhaps by particular discourses; furthermore to consider what impact the combination a number of social factors may have had on the outcomes and why those particular factors may have come together in that way, at that time. According to Elton (1970:170) the use of 'how' questions is essentially narrative, whilst 'why' questions are

analytic and 'what' questions descriptive. The overall framework is one of 'storytelling' but within an analytical approach; it goes to the heart of the enquiry which asks two key questions: why were partnerships chosen as the structures through which to implement drug policy? How did this subsequently affect implementation?

Overall the research was driven by a number of questions. These were:

1. How was drug policy developed?
2. Why were partnerships chosen as the mechanism of policy implementation and what was the impact?
3. How have relationships between the centre and localities worked with regard to policy development and implementation?
4. Have partnerships become a new form of governance?
5. Have partnership structures changed anything or has institutional resilience been demonstrated?

A 'narrative' approach

The story of partnerships is one which it might be argued is specific to the political, social and structural conditions which were in operation at a given time – namely 1994-2004 (Hughes and Sharrock 1990; Elton 1970). The methods which have been used for this research have therefore been ones which allow a story to emerge, which ask participants about the causes of events with which they were engaged, examine the documentary evidence which exists and seek to place the resultant 'stories' within their social context and from this draw conclusions about why these factors may have combined in this way to this effect -'*...their meaningful relationship.*' (Elton 1990:112) It is about working '*backward*' so that one must first know the '*effect*', before one can examine the '*cause*' (Elton 1990:135).

The timeframe, 1994-2004, has been drawn to incorporate the development of each of the drug strategies and to allow some consideration of the implementation of each element. In so doing it is recognised that:

'However carefully designed, periods are artificial devices, useful of course, and legitimate as devices, but still quite unreal.' (Elton 1990:162)

The principal original sources of data are two sets of interviews; those with key players at a central government level who were instrumental in devising the first drug strategy, Tackling Drugs Together (TDT: 1995) and who essentially comprised an 'elite' group of interviewees. Additionally, interviews were undertaken with those who had worked in the implementation of drug policy (principally at a local level for a number of years). Thus, most had been involved in the implementation of TDT (1995), Tackling Drugs to Build a Better Britain (TDTBB: 1998) and the Updated Strategy.

There are two strands of investigation; one concerned with policy development and the other concerned with policy implementation. It has been equally important to pursue both areas of enquiry and to ensure that each has been sufficiently considered and given equal priority. The importance of this was to be confident that not only policy generation and development was understood, but that also the structures and mechanisms by which implementation is sought or achieved for social policies were fully considered in this area of drug policy. This was essential to avoid what Clarke (1996:31) has characterised as the idealism of some researchers and writers (particularly those from a Foucauldian perspective) who he has argued, translate an '*attempt to achieve*', as a fact of achievement. Thus an assumption might be made that because government makes social policy it is executed, or is implemented as devised. Clarke suggested that such an assumption was a mistake (also Darke, undated). Others such as Hughes (1997) have also criticised the 'grand theories' of Marxism and Foucauldian discourse analysis,

'....whereby the answers to the question are already known without recourse to empirical testing.' (Hughes 1997:158)

This research study sought to avoid such mistakes and to allow for the investigation of mechanisms of policy design and implementation and the interface between them, in order to allow for a deeper understanding of how those might operate. The research strategy was influenced therefore by writers who argued against taking '*organisational change*' at its '*face value*' (Clarke 1996). With regard to the changes he described in the welfare state and the surrounding and supporting structures, Clarke argued that: -

'It is important for the analysis of social policy to avoid treating such changes as though they were simply new technical solutions to the problems of organising social welfare provision. If they are detached from the analysis of the state and state power, whether as sectors or quasi markets, it becomes increasingly hard to make sense of the relationship between forms of 'service delivery' and the 'social' character and consequences of social policy.' (Clarke 1996)

This would appear therefore to suggest that it is a legitimate enquiry to consider how power is exercised and how the structures put in place to do this affect the outcomes. In this sense, Clarke goes to the heart of this enquiry, for this study is concerned to pursue why partnership mechanisms seemed, at this point in time, an appropriate way of delivering a social policy response to drug misuse problems. Thus, seeking to establish whether they were simply a straightforward technical solution to a given problem, or whether they were considered an appropriate response because of a number of other 'social' characteristics important at this period and whether the solutions chosen affected the 'service delivery', namely policy implementation. It also underlines the importance of 'placing' the policy development and implementation in their historical and social context. Furthermore, it allows for the consideration and exploration of direct cause and effect mechanisms and those which may have been influential or co-existent, but not determining. As Elton (1970:140) has argued:

'*Direct causes explain why the event happened; situational causes explain why direct causes proved effective...*'

Using interviews to follow the 'story' of this period and to explore the understanding of participants at that time, and since, was a useful way of achieving this. It allowed participants to talk about and reflect on other social factors and events as they saw them and to consider direct and situational causes. It also enabled the networks of individuals and documents known to participants at that time and also involved in the 'story' to be mapped and traced. The research has therefore been undertaken in an inductive way, '*... looking for patterns and associations derived from observations of the world*' to generate the conclusions (Snape and Spencer 2003:14). It is based solely on qualitative methods which will be explored further below.

Methods

Literature review

Denscombe (1998:158) has argued that a literature review serves three important purposes; it ensures that the researcher is aware of existing work in the area, it allows the identification of key concepts, questions and gaps in knowledge and it '*...signposts for the reader...where the research is coming from.*' There was a need therefore for the search to be broad enough to allow for a range of understanding and comprehensiveness but for specificity to be introduced which allowed for a narrowing down of the literature to that which was relevant to the topic and thus able to 'signpost' the direction. The literature review undertaken for this study and shown in Chapter 2 followed these precepts.

The inter-disciplinary nature of the study meant that it was essential to consider a whole range of scholarship which covered the areas of drug policy, partnership and new forms of governance. There are, moreover, a number of writers who are increasingly discussing the inter-disciplinary nature of much current enquiry. They argue that inter-disciplinary studies exist because '*problems do not exist independently of their sociocultural, political, economic,*

or even psychological context...' and thus the need *'for multiple disciplines and multiple perspectives...'* becomes increasingly important..' (Brewer 1999:32:329) The literature review therefore drew on work from social policy, social sciences (including criminology and drug research), geography, management studies, history and politics, because it is suggested that *'...interdisciplinarity requires an unusually comprehensive approach.'* (Brewer 1999:32: 330)

If, as this thesis suggests, the policy response to substance misuse was, in part, an attempt to deal with complexity, it is unsurprising that trying to trace and follow the development of that response was not straightforward. The task to be achieved was to scope and then refine the subject area so that it became a more coherent whole. This presented additional problems which were dealt with in a number of ways. The plethora of information meant that it was essential to focus down and identify themes and subsequently key concepts. In so doing, the intention was not to reject alternative or contradictory pieces of information, for as Hammersley and Gomm (1997:8/9) have argued:

'...all research necessarily relies on presuppositions, none of which can be established beyond all possible doubt, we can never know for sure that that a presupposition is leading us towards the truth.'

The intention was to be *'non-culpable'* and it was considered that this was achieved through the wide literature review undertaken in order to remain open to the different 'stories' or narratives of the period. Nonetheless, it was also essential to develop a focus, both methodologically and theoretically. This was achieved through the use of a systematic refinement of search terms.

The literature review was conducted in a systematic way using a number of single and combined key words in order to identify the range of literature available and then in order to narrow and specify it. Search terms included partnership; inter-agency; social policy, local government, social welfare,

networks, network societies, drug policy, substance misuse, New Labour, NPM, management and then through combinations, including: public policy & UK & (development / history). The latter identified, for example, three documents[11] which were important in developing a theorisation of factors relevant to the functioning of partnership structures – those identified at this stage were - history, values, policy structure and a network of key players. Thus 'concept attainment' (Nievaard 1996) was incorporated into the research process through use of the literature and this helped to inform the interview schedules drawn up for use with national and particularly local policy actors. The role of the work of Levin (1997) and Newman (2001), which was also used in this way, is discussed in more detail below in the section dealing with the construction of the interview schedules.

The exploration of the literature led to an understanding of the policy process and how this was differentially conceptualised. In addition, it was used to inform the research with regard to concepts and theories which other scholars were developing about partnership structures as new forms of governance or with regard to the critique of this approach; these have been discussed fully in the preceding chapter. They were built into the research process in order that they could be 'investigated' and 'tested' against the empirical evidence and documentary sources.

The review was conducted to incorporate the aims outlined by Denscombe that:

'The literature review should demonstrate how the research being reported relates to previous research and, if possible, how it gives rise to particular issues, problems and ideas that the current research addresses.' (Denscombe 1998:233)

[11] By Wong 1998, Knoepfel and Kissling-Naf 1998 and Miller 1998

Documentary sources

The approach is qualitative seeking '*to capture what people's lives, experiences and interactions mean to them*' (Maso 1996:33) in terms of their involvement in the development and implementation of drug policy 1994-2004. It has been necessary, however, to contextualise this information and be able to explore the adequacy of memories and accounts. This has been achieved by undertaking a number of interviews which allow one to compare the accounts given, thus allowing the detail of the picture to be built.

Triangulation has been achieved through the combination of interview data, literature review and the use of documentary sources (Gomm 2004; Denscombe 1998: Denizen and Lincoln 1998). Ritchie (2003:35) has argued that documentary sources are appropriate where '*...the history of events or experiences has relevance...*' This is pertinent as we are concerned with how and why particular events occurred and these can no longer '*be investigated by direct observation or questioning*' as they are in the past. The participants in the recent past events can and have been interviewed, but the documents which they wrote, influenced or implemented were also examined.

The examination of documents was undertaken mindful of the pitfalls of that process (Denscombe 1998). Elton (1970:84) has cautioned the researcher to read carefully and recall that documentary sources '*...divide into those of discussion, decision, consequences and reaction and each group has its own characteristics.*' His approach is to enjoin the researcher to approach records thoughtfully considering '*why and by whom was this material produced*' (Elton 1970:88) and understanding that for example debates and reports which emerge from the parliamentary process can differ considerably, thus Royal Commissions are different from select committees. The former he states are constructed to *'create a balance of interests'*, '*proceed by legal methods*' and take their time; whereas the latter are constructed to *'reflect the balance of parties in the House of Commons and may be constructed by crusading individuals or pressure groups...'*, are not conducted under oath and are flexible in their procedures (Elton 1970:89). Further, as he also pointed out,

contemporaneous sources can present other issues for they do not contain the insight of hindsight. Thus, for example newspaper cuttings might show how '*...the confident accounts of one day may be thoroughly demolished on another...*' (Elton 1970:80). Similarly Denscombe (1998:167) urges mindfulness in the use of documents, setting four criteria for consideration – authenticity; credibility; representativeness and meaning. He has suggested that these may be applied to all documents being considered (including newspaper articles) and, thus, can provide both a useful 'checklist' and a standard of consistency.

The documentary sources included in this thesis are official government records, such as the drug policies themselves and contemporaneous records of House of Commons debates (Hansard); other policy documents which referred to criminal justice, drugs or partnerships; reports of the select committee and ACMD; independent reports, contemporaneous records such as journal articles and newspaper cuttings; the diaries and memoirs of key political actors of this time and finally the use of other documents (such as the annual records of DATs) where they were available. The documentary sources were used to verify, support or question issues raised by the interviewees. They were read carefully and thoroughly with mindfulness of the very different reasons for which they were written and the content was considered according to the purpose of the document (Elton 1970; Denscombe 1998). Thus, documents which were produced (in part or completely) for political or rhetorical effect (for example the strategies themselves) were analysed according to the language used and whether they reflected some of the key concepts considered relevant to the development and direction of drug policy during this period and outlined in chapter two. Documents which were records of debate, such as Hansard, were looked at with regard to the debates taking place, their frequency, the names of the speakers (in order to 'map' participants), their affiliation and the content of their language (again with regard to the key concepts) as well as for content. Other documents were also considered in this way, but the pattern of how ideas developed and were built up also formed part of the framework, thus taking into consideration how ideas such as partnership developed over time

from 'Across the Divide' (according to participants a seminal text; Howard et al 1994) to TDT (1995) for example.

The use of documentary sources was, therefore, pertinent because it allowed for the establishment of some chronological certainty about events[12] and provided the evidence of the actual policy decisions which were made, the language in which they were expressed and the way others responded to them; in this way they provided a background reality to the events and changes which respondents described.

Semi-structured interviews

Nievaard (1996:44) has suggested that:

'*If the qualitative interview is to be an adequate method of discovering and understanding the meanings the informant attaches to the world around him, it is crucial that the interviewer allows the informant to tell his own story.*'

Because the research was concerned with the telling of a story, albeit a story about social policy development and implementation, the interview schedules had to be constructed to allow participants to do this; thus to be able to tell their story about this period of social policy making and latterly about social policy implementation. Additionally the research was framed to take account of the potential importance of time and sought to make that explicit.[13]

Both questionnaire formats were devised after considerable literature review and reading around the issue of partnership policy, theorisation, research and practice. This 'concept attainment' is considered by some social researchers to be the '*...most important mental process...*' of the researcher (Nievaard 1996:51). And Nievaard (1996) has suggested that the value lies in the development of '*sensitising concepts*' because:

[12] Although Elton (197:94) also advises caution here, for example initiatives may be announced which are subsequently cancelled.
[13] The semi-structured questionnaire format is shown in Appendix A

'...they have a dual function. Firstly they are insight generating because they make one sensitive to the (theoretical) questions surrounding the field of research under consideration. Secondly, by applying these concepts, the researcher can begin to form an image of his study object...' (Nievaard 1996:52).

The process of how the questionnaires were formulated and informed by the literature review and by thinking around research methods, will be explored using as an example, the semi-structured schedule devised for the interviews with the key national players. The process for devising and refining the schedule for local implementers was based on the same methodology.

Semi-structured questionnaire design – national interviewees

As a result of consideration of other literature and what was known about drug policy formation during this period, the decision was made to adopt a structure which allowed for the pursuit of the story of DATs as partnership mechanisms for the delivery of drug policy. Furthermore, although a questionnaire schedule was designed and piloted, the intention was to be able to use the schedule consistently, but flexibly, allowing respondents to engage in recall and cite events which they considered important and thus take part in a dialogue about this period. The intention and reality was not to pursue a question and answer style of interview; the intention was to engage the attention and memory of respondents in order to aid recall and story telling.

Nievaard (1996) has suggested a '*four-step model for the qualitative interview*' and this requires the use of literature review, the development of an '*instrumentarium*' (schedule or topic guide), exploratory or piloted interviewing and more directed interviewing. This four-step model is a useful way of understanding the process which was used in the development of the semi-structured interview schedule used for this study and to visualise the process by which it was informed and re-formulated as interviews were undertaken.

From the beginning, it was important to acknowledge my own prior knowledge and 'authority' in this area and to recognise how this might 'bias' the research[14]. The intention was not to 'prove' a previously held theory, or my own intuitive response to the policy situation; rather the intention was to pursue and investigate the story of policy design and implementation in the drugs field. It was therefore necessary to devise a methodology and methods which allowed that to occur. Respondents may have begun to 'remember' the past in a 'habitual' way and, thus, it was important to ask respondents questions which might 'jog' them into thinking or remembering differently. This was attempted via questions such as, 'What has surprised you?' It also included attempting to '*be a good questioner*', as well as '*a good listener*'; thus ensuring that not only verbal cues and responses were noted, but also '*other non-verbal indicators such as the manner in which the informant may try to make an impression or his avoidance of a particular topic*' (Nievaard 1996:57). This process was also built in through a reflexive approach to the research process and this is discussed in more detail later in this chapter.

However, the ability to allow respondents to think outside of a simple response mechanism and to reflect and re-focus on their own perspectives and experiences within the social policy drugs field was an integral and knowing feature with regard to schedule design. The ability to do this was enhanced by grounding the questionnaire in the literature concerning policy development and implementation and by reviewing its effectiveness as the research process unfolded, building in an ability to respond to and tailor questions with later respondents such that any emerging theories might be 'tested'. Furthermore, the use of interviews was both an appropriate method and one which was essential to the reflexive and grounded methodological approach taken:

[14] I had worked as a DAT coordinator 1995-1997. I then worked as a freelance consultant in the drug policy field and for DrugScope during 1998. In 1999 I became a Senior Lecturer in Criminal Justice with substance misuse as my specialist area and since 2002 have been wholly engaged in research in the social policy and criminal justice fields.

'Face to face interviews offer the possibility of modifying one's line of enquiry, following up interesting responses and investigating underlying motives...' (Robins 1995:229)

Thus, the schedule was developed in order to engage the respondents in telling a 'story' about social policy using their own meaning and logic. It was framed so that they would tell a 'story' specifically about drug policy design and implementation and to this end it was broken into three sections:

1/ The development of the idea of partnership. This sought to explore the meaning and conception of the word to the interviewee. It attempted to do this within the historical, social and structural context. It also sought to draw out the interviewees' awareness of any key documents from that era. This was in order both to identify key policy documents and to flush out those whose significance might, in retrospect, have been overlooked. It also meant that it was possible to draw out whether documents which might more generally be considered to be important or seminal, were named by key participants and interviewees.

Satisfactorily, the schedule has worked as intended in this regard and additionally allowed the identification of both sorts of documents. 'Across the Divide' (Howard et al 1994), a noted paper, was named by the majority of interviewees; however, it can be portrayed by some as a seminal or original document and by others as a reflection of thinking that was present and which it drew upon and drew out:

'Across the Divide was very influential – it was the first thing I read' (Respondent A)

Interestingly another paper was referred to by three interviewees which had not been previously noted. It has, however, been possible to subsequently

identify this paper and to source it in other documents.[15] This document predated 'Across the Divide' and appeared to have introduced some of the concepts which it developed. This section allowed for the exploration of how the process of developing drug policy worked, who was involved and, in particular, how partnership came to be a key feature.

2/ Were DATs viewed as a success? The second part of the semi-structured questionnaire sought to draw this out and thus identify what participants made of early policy implementation. The intention was to pursue which issues emerged as important to implementation at this stage from the perspective of the centre, in comparison to those which were investigated and articulated by local policy actors at the next round of interviews. This section was, therefore, concerned with some theory testing of Levin's (1997) factors concerning policy implementation. It allowed for a consideration of how the process was seen to be affected (or not) by the partnership mechanisms and for an exploration of how communication between the centre and localities worked.

It also developed the theme of time specific components and the views and meanings attached to words and structures at a given period; it thus continued and developed the concept of time and place - a historical dimension (Elton 1970). The question of time was considered through questions such as;

'What was your first reaction to the idea of DATs?'
And
'Have they achieved what you expected?'

If DATs are seen and understood as a historical response to given social conditions, then it is important that the questions are able to draw that out and not leave such considerations to be inferred. Because of the wish to provide, in part, a narrative explanation it was crucial to allow the interviewees to tell a

[15]Baker & Runnicles (1991) Coordinating Drugs Services: the role of regional and district drugs advisory committees. Local Government Drugs Forum & London Research Centre. This paper was referred to by three interviewees and also featured as an article in Druglink September/October 1991.

story; a story of the policy process, development and implementation of DATs. In this regard it is also important to allow the interviewee(s) to suggest that a historical timeframe is not important in this instance: thus that DATs and /or this method of engagement with social issues have always been and will always be tackled in this type of way.

3/ Did DATs influence or affect other areas of policy? The third and last section dealt with whether DATs were used as an example of structured partnership working and how 'knowingly' that experience was drawn upon or used; also, whether those networks extended across the social policy field. The intention was to explore whether partnerships were seen as a new form of governance, or whether interviewees considered policy structures essentially unchanged. This section provoked an interested response from the interviewees and was useful in allowing knowledge networks to be mapped, and helped in the consideration of whether or not, a '*continuous policy dialogue*' (Knoepfel & Kissling-Naf 1998:344) had existed.

The interviews therefore allowed for an understanding and exploration of:

'*The extent to which responses to interview...questions reflect or represent daily actions of a collectivity...*' (Mischler 1986:24 Drawing on the work of Cicourel 1982)

The interview process

Interviewing is, of necessity, an interactive process between researcher / interviewer and researched / subject. Semi-structured interviews of the type which underpin this enquiry are, moreover, most frequently conducted on a face to face basis, as many of these were. The nature of this enquiry meant that there was just one interviewer so some parts of the 'interviewer effect' remained consistent throughout the interviews. This was important for consistency and provided the balancing factor against which it was possible to pursue a grounded and reflexive strategy.

The role I had played professionally prior to this enquiry meant that at the initial stage most of the interview subjects (national respondents) were individuals with whom I had had prior professional contact[16]. This may have been no more than a brief meeting, or short focussed contact, however it is possible that this prior contact may have had an impact. This might, therefore, be considered as having influenced my ability to gain access to important policy makers.

As others have suggested in the interviewing process there may also be an interaction of person to person. Gender, race and other personal characteristics can affect this. When interviewing 'elites' for example senior civil servants and chief executives of voluntary organisations it can be hard to gain access (Duke 2003) and access may be dependent upon the social relationships and / or perceptions of status and power of the interviewer or their connections. During the research interviewing process I was a university lecturer and used this as both a measure of status and as a descriptor of professionalism and objectivity. It cannot be said definitively whether this aided or detracted from my ability to gain access, as I did not ask interviewees that question. Many of them did comment on my current role and status. Some asked questions about it and appeared to show a level of concern that they might not be 'clever' enough, or be able to help me enough or to have reflected in a sufficiently 'academic' way to be of use to me. Given the status of most of the initial research subjects as senior (and, in some cases, rapidly rising) civil servants and senior members and chief executives of voluntary organisations this was of some surprise.

The ability to remove all 'interviewer effect' is perhaps both impossible and unwarranted:

'*...the quest for equivalence of interviews in terms of interviewer-respondent interaction is misdirected and bound to fail'.* (Mischler 1986 quoted by Smaling, A. 1996:19)

[16] This was not true of the local policy implementers of whom I knew two and two were 'names' I knew.

Further Smaling (1996:19 and 20) has suggested that it may '*threaten the validity of the responses*', because the impact may be to depersonalise, decontextualise and potentially disempower.

Semi-structured interviews were undertaken in a face to face context with all but one of the national respondents. In all instances these took place in the interviewee's office. The interview usually lasted about an hour, although two were longer. All of the interviewees gave their attention to the process and there were no interruptions from others during the interviews. Of the second round of respondents, drawn with regard to implementation issues, approximately half were interviewed in person and half over the telephone. Some of the face to face interviews took place at their place of work, but interview situations also included a café. Of the telephone interviews all but one of the interviewees was at their place of work when interviewed; one was at home. The policy implementers appeared to be more time pressured than the national interviewees (who were more senior) and thus one interview was compressed because of these constraints and other interviewees made it clear that their time was valuable and could not be 'wasted' – this usually occurred in the conversation preceding the interview; none of the interviews were interrupted or disrupted however. The local policy implementers' interviews were shorter on the whole, usually lasting between forty-five minutes and an hour (although three were considerably longer and one shorter at half an hour).

The semi-structured interviews were all recorded. Some were recorded manually and some were taped. The deciding factor was usually the agreement of the interviewee to be tape recorded or not.[17] On all interview occasions a detailed reflection was written as near as possible to the interview having occurred. In most instances this was undertaken immediately afterwards in a nearby café. These reflections have proved invaluable in looking back on the interview data and are particularly helpful in reflecting the

[17] On one occasion the tape machine would not work.

atmosphere of the interview and the feelings which were engendered at the time.

From the first interview a lot of attention was given to the manual recording of responses, even where taping was also undertaken; this was particularly important for a number of reasons. Chief amongst them was my own professional background as I had previously worked for some eight years as a probation officer. During that time I undertook a large number of interviews in all of which I manually recorded the respondents' answers; and old habits undoubtedly die hard. I found that in order for the research interview process to evolve as an unforced dialogue in which I could respond to their answers, but stay within the framework I had set, my ability to listen and write was invaluable and a well honed skill. It allowed me to reflect on their answers as we were progressing and meant that I was able to return to responses which had interested me. One interview subject, in fact, asked me to show him where it was in the interview that he had made a particular statement to which I had later alluded; it was important to us both that the hand-written notes provided a clear and contemporaneous record of the conversation.

Further, manual recording was also important in providing distance between me and the interviewee. It was important for me not to sit in face to face, eye to eye contact with the interviewee. I found it aided my concentration, but also allowed the research subject some distance in which to remember and recall without my nodding and responding to their every answer. They could talk, I could record and then I could respond. It was a dialogue which allowed distance and reflection and was important for me and to the interviewees I would suggest.

Finally, it has meant that there is consistency between the recording of each interview. Some are taped and transcribed, others exist as purely handwritten documentary records, or as a handwritten documentary record supported by a tape. As a research exercise the different forms have been compared, to identify what might have been lost through the manual recording process and to ensure that any subsequent analysis is fair and accurate. What the

analysis of the two interview recording types showed was that the manual recording was highly accurate, fully reflecting respondents actual words and phrases; what was lost was usually joining sentences, 'asides' and 'ums' and 'aahs'.

The interviews have been approached from the perspective of a listener to a story which it is hoped the respondent will tell about drug policy design or implementation. In the telling of the story it is anticipated that the respondent will describe the meaning which they attach, for example to concepts such as partnership. Thus, how did they first recall hearing of it, in what sort of context, what did they think that it meant now? Maso and Wester (1996) have suggested that:

'*...the interview is a dialogue between interviewer and respondent, deliberately structured by the researcher in such a way that respondent meanings and the meanings sought both are articulated.*' (Maso and Wester 1996:12)

Further, the intention is that the respondents have felt enabled to discuss the meanings they attached to their own and others' actions and that in some sense therefore there is an 'integrity' to that discussion. Maso and Wester (1996:11) suggest that this is more likely to be possible when '*...the interviewer gives them the idea that they can give freely of their opinion without any 'negative consequences'...*'. For this reason it was also essential that respondents trusted that they would not be subsequently identifiable; with regard to the national respondents this was particularly important as they were such a small and potentially identifiable group. This was, therefore, a key research concern and affected the respondents' agreement to be interviewed for example, or whether or not they would agree to be taped. Somewhat surprisingly perhaps, the local respondents were much less likely to be happy to be tape recorded than national respondents.

It was also important for me, the interviewer, to be interested in the story to be told, for if:

'...the interviewer creates an interview situation in which respondents get the feeling that the interviewer is very interested in their story and takes it very seriously, this will usually result in a greater belief in their own story...' (Maso, and Wester 1996:8)

Smaling (1996:23) has suggested that this process can be deepened with a '*dialogical openness which requires (the interviewer) show a certain degree of open-mindness and open-heartedness*'; certainly the research interviews were pursued with an intention of both.

Because all respondents were required to tell a story about drug policy development or implementation, it was crucial that they had played a role in one or both of those activities. The interview was, therefore, structured to draw out their experiences and included a series of prompts which, it was intended, would '*structure the interview process by stimulating the informant to explore more deeply*' (Nievaard 1996:45) the issues under discussion. It was important also to ensure however that in so doing *'...assumptions with the deceptive quality of familiarity'* (Nievaard 1996:47) were not made by either the respondent or interviewer which were not made explicit or fully understood.

All respondents were asked to identify others (usually peers) that they considered had been important to drug policy development or implementation. This 'snowballing' technique allowed for the identification of additional respondents, but also allowed for the consideration of policy communities, or network formations and meant that the research was:

'...organised in such a way that different respondents who have had the same kind of experience tell the researcher about it independently of each other (and that) by comparing these stories and asking the respondents to clarify differences that emerge, an adequate picture...can usually be obtained.' (Maso and Wester 1996:8)

The interviews were therefore undertaken to ensure adequate coverage of the necessary or representative groups involved and thus to ensure that 'an adequate picture' of social policy development and implementation had been obtained.

Initial contact with interviewees

Initially, all national interviewees were contacted by letter[18] which said that I would call within the following week to arrange an interview with them if they were willing. The purposes of the research, the anonymity of respondents and my professional status were all explained. When I called I usually (although not always) found that the interview was set-up by administrative or secretarial staff who anticipated my call. A similar process was pursued with local respondents although the letter was replaced with an email. Some respondents replied by email (or in one case the secretary on their behalf); others awaited my call.

Most national and local interviewees wished to have some discussion about the interview and the research prior to the interview taking place and I had therefore spoken to most of them before meeting them; an overwhelming concern was the anonymity and the 'trustworthiness' of the process.

Sample

The sample included eight interviewees who were involved in the development of the first drug policy TDT (1995). Five[19] were senior civil servants, one worked for a 'Quango' and two for voluntary organisations. With regard to the national interviews all key national players were identified. Two others were also identified one of whom was seen to have played a significant role at the TDT (1995) stage and one a peripheral or disputed role at that stage, but to have been important at a later stage; neither of these

[18] See appendix

[19] Three were in different and considerably more senior posts than when they had been engaged in TDT.

have been able to be interviewed. One was a politician and some interviewees expressed the view that however crucial a politician's role might be at some stages in the policy process '*their memories are short*' and that they might not speak freely. I did write to this policy actor and mentioned that others had recommended I speak to him, no reply was ever forthcoming however and he has no published memoirs. The other respondent was not named by any other respondents as playing any significant role at the initial TDT (1995) developmental stage, which was in fact the key requirement, he did however play a role at a later stage of policy development but his autobiography has provided considerable testimony about that time.

There were relatively few respondents who played a role in the development of TDT (1995) (according to respondents' testimony no more than six, of whom five have been interviewed) and thus the sample is both adequate and comprehensive. Three of the eight interviewees appeared, following interview, to have played less crucial roles; they were proposed by other interviewees, however, and that is why interviews were undertaken. Because of the small number of people involved in making the TDT (1995) policy it might be possible to identify interviewees, therefore all respondents were assured that their identities would be concealed, although it is accepted that it may be possible to work out who participants are because they were principally well-known players in this policy arena.

Interviews were not sought with those responsible for the development of later strategies (although four interviewees had been involved in the development of TDTBB: 1998) as the reason for interview was to look at the first stage of development of drug policy and in particular to discuss why the partnership approach had been chosen, whether that was considered a successful strategy and whether it was considered to have influenced subsequent policy developments. The next set of interviews – with implementers - was to consider implementation of TDT (1995) and how the subsequent policy developments shaped implementation and relationships between the centre and localities.

With regard to local implementation, the twelve interviewees were drawn equally from two regional areas identified to provide some similarity, but also geographical difference, and variation in DAT structure. The regions were also important because of the move towards a more regionalised performance management framework under each subsequent strategy. One area was wholly urban with significant drug using populations and DATs based on local authority boundaries. The other region had areas of high density, large substance misusing, urban populations, but also included some DATs which had rural populations and were county based. The sample size was originally flexible, although there was no intention to interview all coordinators from those two large regional areas unless it proved necessary. The sample was drawn initially through the identification of a number of coordinators who had been in post for some years; this was achieved through the comparison of old lists of DAT coordinators with current ones. The selection was purposeful to ensure that interviewees had experience of policy developments which had occurred over a number of years, to enable them to be able to reflect upon those changes. The intention was to capture a number of features – a sense of change and development, what it was like to implement social policy in a fast changing partnership environment over time, what this involved and whom. The initial sample was therefore drawn from identified long-serving coordinators; it was later expanded to include those identified as relevant by other speakers. Thus 'snowballing' techniques were again used and all interviewees asked 'who do you think I should speak to further about this region / topic?' Especial reference was made to the development of knowledge and experience over time. Just two local coordinators who were identified (one from each area) were not interviewed. In both cases this was because they had just left their posts; one declined to be interviewed on this basis and one could not be traced.

The interviewees also came to include those working in regional policy positions for the NTA and Government Office as a result of respondents' testimony regarding their role in policy implementation and their importance to the functioning of the local partnerships and *vis a vis* relationships with the centre. No additional interviews were undertaken once respondents began

consistently to tell similar stories; it was felt at this stage that 'saturation' (Ritchie et al 2003) had taken place and there were no further 'unexplained' areas to pursue. As Maso (1996:34) asserted:

'... qualitative researchers have no need for a large random sample...they are not concerned with the quantity but the quality of a phenomenon.'

Ethics

The ethical issues and dilemmas in social research were approached from a position of expertise which included the management of issues of consent and confidentiality. The research was driven by a view that maintaining high ethical standards went hand in hand with assuring the quality of social research, and thus such considerations were central to this study. The Social Research Association's (SRA) ethical guidelines (December 2003) and those of the University were adhered to[20]. Issues of data protection, access, informed consent and confidentiality were important and given full consideration.

Prior to the interview participants were informed of the purposes of the research (both verbally and in written format). It was explained that the content of the interview would be confidential at all times and would not be discussed with anyone else. Interviewees were cautioned, however, that (in particular with regard to the national interviews) whilst participants' names and roles would be disguised it might be impossible for them to remain totally anonymous because of the small number of participants in that part of the policy making process, although every attention would be given to ensuring this. For some participants (especially those operating at a local level) it meant that they would only give consent to my manually recording (and not tape recording) the interview. Upon agreeing to be interviewed the participant was understood to have given informed consent and made aware they could withdraw at any stage from the interview. Interview tapes (where appropriate)

[20] See appendix for copy of ethics form

were marked with an identifying code and stored in a lockable filing cabinet, as were all transcripts and paper records relating to and recording the interviews.

Analytical framework

The research sat within the theoretical domain of social policy which provided the overarching structure. As we have seen in Chapter 2 the work of Levin (1997) was particularly influential and his 'motivational', 'opportunity' and 'resource' 'factors' (Levin 1997:65) significantly influenced the approach taken to the structure of the research process and the construction of the interview schedules and thus 'concept attainment' (Nievaard 1996). Levin was also instrumental at the final stage of analysis with regard to the conceptualisation of the activities of the policy actors interviewed.

The nature of the enquiry with its focus on central policy development and local policy implementation also meant that a framework was required which explicitly investigated the vertical and horizontal links and flows of power. The work of Newman (2001) was particularly useful and has informed the review of documents undertaken and aided the construction of the interview schedules with policy implementers. Material relating to central / local policy implementation was then conceptualised and used to inform the final stage of the analysis.

A reflexive analytical approach was adopted and this was ongoing throughout the research. Layder (1993), in arguing for his wider and more inclusive approach to theorising, writes; -

'*...issues of power and history, the relation between activity and structure, the stratified nature of social life and so on are integral elements...I have endeavoured to stimulate dialogue between theory and research specialisms by insisting on the close relation between general social theory and the substantive theorising which forms an important part of research activity.*' (Layder 1993:199)

This sense of ensuring a 'fit' between research activity, the way the research was structured and the necessity for dialogue between those activities and the researcher's own thought process and literature review was influential in ensuring that sufficient space was allowed between each stage for theory to emerge from the research process and not be closed off by it (Maso and Wester 1996:13). This has been particularly pertinent for example, between the interviews undertaken with the central policy developers and latterly the local policy implementers.

Additionally, it allowed for theory generation during the research process which a sufficiently flexible research design meant could be pursued. Nievaard (1996:58) has suggested that '*...a number of qualitative researchers are rather apprehensive about formulating theoretical concepts...*', but is persuaded that this '*...danger can be avoided if the researcher...elaborates in various ways upon the central theoretical concepts...*' they discover. This he continued could be achieved through the modification of the interview topic list, which should be, '*...continuously modified...*' Clearly the danger in so doing is that one may sacrifice consistency and a systematic approach. This was avoided by the use of the same topic list, thus guaranteeing consistency (with for example those responsible for policy development) whilst including a prompt which allowed the interviewee to reflect on (or reject) an area which others had raised. This included the way, for example, partnership might have become a powerful discourse; national interviewees were asked if it would have been possible to say that partnership working was not an applicable method / structure.

As well as question modification, theory generation could also lead to widening or refining one's scope of enquiry; for example, additional interviewees were included in the local implementation phase of the research in order to follow the story which was emerging and a theory which was developing concerning the role of mediating organisations such as the NTA. The interviewees (local implementers) appeared to suggest that particular organisations (such as the NTA) played a crucial role in policy implementation

post 2002; it would therefore, have left the research incomplete if additional interviews were not undertaken. Further, it allowed for consideration of the emerging 'theory' about the importance of 'new' agencies which were pursuing a national agenda, in a local context, and so, also allowed a further way to explore the flow of power between the centre and localities.

The method used to structure and organise interview data was 'Framework' (Ritchie, Spencer and O'Connor 2003). All of the interviews were systematically read on a number of occasions and each time themes were noted. On each re-reading of the data the themes were refined, '*...sorted and grouped under a smaller number of broader, higher order categories or main themes and placed within an overall framework*' (Ritchie et al 2003:221). The data was then broken down again and was re-constructed into lists and a chart which allowed the data to be categorised under the themes and for links between the themes to be explored. The themes drew on or reflected the actual language of the respondents in order for the analysis to remain as close as possible to the original source and potentially provide '*...both illuminating and explanatory power.*' (Ritchie et al 2003:232). Finally, the themes were '*compared*' (Ritchie et al 2003:255) to the frameworks provided by Levin (1997) and Newman (2001) with regard to how one might approach and understand the development of policy and the process of implementation. In this way, it was also possible to be clear about whether an explanation was consistent and plausible in relation to other research in this area (Levin 1997) and to be overt about whether the conceptualisations and conclusions were 'explicit' and thus generated by the interviewees, or 'implicit' and inferred from the data and from comparisons with the frameworks of Levin (1997) and Newman (2001) (Ritchie et al 2003:253). Levin (1997) has characterised this overall approach as 'analytic', recognising that the aim is to identify 'consistency' and 'plausibility' within the findings which have emerged from a range of techniques and sources of evidence, that explanations of 'cause and effect' arise from conceptions of 'mechanisms' and 'factors' which were seen to have been identified and finally, that the discourse of the researcher is one which prioritises the words and meaning arising from the 'raw' material and not their own. This approach is consistent with the concern to allow the

participants to tell the story of drug policy development 1994-2004 and for this to be able to be located and placed within the social policy framework and concerns of this period.

Concluding thoughts

The thesis was informed by literature from a range of disciplines, and the inter-disciplinary background was appropriate because as we have discussed partnerships are theoretically connected to considerations of social complexity and entrenched problems across organisational and academic boundaries (Newman 2001; Stoker 1998).

The thesis seeks to tell a story about social policy design and implementation within the drugs policy field 1994-2004. It asks 'how' and why' questions and has sought to specifically place the policy development and implementation activities in their time and place. The methodology was reflexive in order to allow for the emergent research findings to inform the generation of theory (Layder 1993) and this has allowed thoughts and ideas to be 'tested' through their wider exploration with the research respondents and through the interrogation of the documentary sources. The research drew solely on qualitative methods such as documents, literature and interviews. If the methods used do not:

'*...look much like scientific activities (it is) perhaps because they are not much like scientific activities and the misconception is to think that they should or could be.*' (Hughes and Sharrock 1997:201)

Chapter four – Developing a drug policy - 1994-1997

Introduction

This chapter looks in detail at the development of the drug strategy Tackling Drugs Together (TDT: 1995). It focuses on the factors which influenced the development of the strategy, including the differing analyses which emerged from the Conservative and Labour MPs about drug misuse preceding the policy. By the time of TDT (1995), however, the differences were subsumed under a broad acceptance that the strategy should be cross-party and cross departmental. In addition, the chapter considers earlier attempts to deal with the drug misuse issue and the areas highlighted by evaluations of those attempts. It is possible to see how these factors were addressed in TDT (1995); this included ensuring the attention of the centre and a clear focus on implementation.

The chapter also considers the choice of partnership mechanisms for implementation and why this appeared to have been a popular choice during the late 1980s and early 1990's. In this way TDT (1995) was able to be many things to many people, an important factor in a policy which sought to address a difficult social policy area which crossed many departmental boundaries, but was the core business of none. The strategy sought to bring together criminal justice and health agendas to address an issue of ever greater social and political concern at a time of deep social and political divisions. Partnership appears to have been the principal mechanism for uniting these difficult divisions; a mechanism which allowed each area or partner to feel that their needs had been or could be addressed.

This chapter tells a chronological story (along with Chapter 5 which focuses on 1998-2004); the focus in the later chapter is on subsequent policy development and implementation. Both chapters are based on documentary sources and consider the other social policy factors which contributed to and influenced the drug strategies and the attempts to deal with social complexity.

This period was characterised by a number of features all of which have been previously outlined. These included concerns about *the changing nature of drug misuse* which prompted the development of the drug strategy. *National political factors*, such as the Conservative government's poor relationships with local government which affected the direction and nature of the strategy, as well as important 'shaping' factors such as the strength of *cross party support*, and *international developments* and relationships. At the same time *the growth of a moral political agenda* which was linked to the collapse of the welfare state, *the development of managerialism* and the growth in *the popularity of partnership mechanisms for policy implementation* and *the development of new forms of governance*, factored in the way the policy was developed and designed for implementation.

Politicians and other policy actors appear to have moved towards a more strategic approach to the 'drug problem' in response to the social imperatives which were emerging and to have done so through the creation of a clear policy and structure for implementation with reporting mechanisms back to the centre. This new and defined approach sought to be radical and to bring into play some of the emerging social policy agendas of the time – partnership approaches and performance management in particular. These can be clearly observed in the TDT (1995) strategy where the partnership approach was built into the strategy and mechanisms for communicating between the centre and local authorities were instituted. The policy was also one shaped by the emerging central policy concerns with implementation and the ability to evidence this through the use of key performance indicators (KPIs) which would be subsequently monitored.

The concern with drug misuse was shared across the political spectrum and so the need for a policy was largely uncontested. In addition, political cooperation continued throughout the period despite an emerging difference in attribution of the problem. The Prime Minister (John Major) lent his support to the strategy, which was influential with regard to how others might see TDT (1995) and how much emphasis might be placed on its adoption and

implementation. By the end of this period the changes and the formalisation of the drug policy agenda had been institutionalised, such that not having a drug policy would have seemed unthinkable.

Changing analysis of social factors – 1994-95

This period appears to be one in which it is possible to observe the impact of social factors and the apparent gestation of ideas, both of which impacted on drug policy. This suggests that there is some evidence of 'ideas' or people who sponsor those ideas, waiting until there is the 'opportunity' (as well as perhaps the 'resources') to further those opinions or aims (Levin 1997).

The impact of HIV / AIDS

Prior to this period drug misuse had been a rather neglected area. Attention, when given, had settled principally on regulation; thus the 1920 Dangerous Drugs Act, The Brain Report 1965 and the 1971 Misuse of Drugs Act. During the late 1980s and early 1990s this changed and drug policy began to be developed with a new emphasis on combating drug misuse problems as they impacted on society at large.

British drug policy had, on occasions, been innovative and was often characterised as different from other European or Atlantic responses. There were also instances where changes in practice at a local level drove policy and were finally accepted and incorporated at a national level. An example of this was 'harm minimisation', developed in response to the transmission of HIV / AIDS infections amongst intravenous (IV) drug users. Britain later received much international recognition for this policy adoption and the perceived 'control' of the virus within the UK drug using population[21]; but it was largely driven by a practical government need to control public health issues (Berridge 1996; 303). In this sense the policy response to HIV / Aids and the incorporation of 'harm minimisation' can be seen to epitomise what has often been characterised as the 'British Model', which was a pragmatic and health focussed response to drug use (Stimson 1987).

[21] There were differential impacts in cities, for example Edinburgh.

HIV / AIDS prompted two ACMD reports one in 1988 (ACMD 1988:1) which urged action to control against HIV infection and suggested that this was '*more pressing or dangerous*' than the drugs issue itself, whilst a subsequent report in 1993 which sought to 'update' the situation, suggested that '*greater effort*' were *'needed to reduce the extent of drug use itself* (Druglink 1994). The link between the two communities (those with HIV / Aids and intravenous drug users) was clear and acknowledged. This led the government to accept (although not necessarily wish to publicise) that the ability of drug misuse to damage the health of the whole population, through the spread of HIV/ Aids from intravenous drug users, through sexual contact with 'non users', was a threat perceived as so great that innovative and radical solutions, such as the provision of injecting equipment to intravenous drug users, could be contemplated and instituted[22]. This area was and continued to be sensitive and in 1995 in the Foreword to Tackling Drugs Together '*harm minimisation'* (TDT 1995:vii) was acknowledged as one of the four main areas developed during the consultation period. Nonetheless, the White Paper went on to make it clear that any information aimed at minimising harm to drug users '*must be coupled with the unambiguous message that abstinence from drugs is the only risk-free option*' and thus that: '*Harm reduction should be a means to an end, not an end in itself*.

However, the HIV / AIDS 'threat' can also be seen to signify other changes which were taking place and in particular the way in which concerns were generalised beyond drug users per se and their dependency as a medical condition and increasingly focussed onto the impact of drug use, or the drug user, on the 'normal' population. HIV / AIDS transmission via drug users showed the potential that substance misuse held to 'spill out' from a small and enclosed world and possibly 'contaminate' the general population (Sherman 1989; TDT 1995:23). In this way, it can be seen to have had an impact beyond the immediate health concerns which sparked it; the one

[22] Pearson. G. 1999:17 suggested that drawing on his work in 1991:205-207 that the 'abnormally high' HIV prevalence in Edinburgh, Scotland was the result of police activity against harm minimisation policies before the consequences were fully understood; this also seemed to show that the policy had worked elsewhere to control HIV infections in IV drug users.

acknowledged most frequently through the introduction of harm minimisation policies and the other through the introduction of more widespread concerns about the impact of drug misuse on the general population.

Political responses to drug misuse prior to Tackling Drugs Together

The debates about drug misuse in the House of Commons prior to and during this period show an increasing concern with drug misuse issues. A Home Affairs Committee Report was published in 1984 which led subsequently to the creation of a Ministerial group concerned with the misuse of drugs[23] and to the first drug *'strategy document'* 'Tackling Drug Misuse (1985) (Addiction 2000). The characteristics of the Ministerial group and the response to drug misuse issues show what were to become core foundations for the implementation of all subsequent strategies, including the development of an analysis of what drug use was and how it could be tackled. Crucially, the Ministerial group included those from the Home Office, Department of Environment, Education, Health, Scottish and Welsh Offices, Defence and the Paymaster General and Solicitor General. With its broad sweep of departments it established one of the key features of all on-going drug policy in the UK - namely the cooperative nature of tackling substance misuse issues through the use of cross-departmental structures and cross-party support. Considering the Ministerial Groups' activities in 1989 in a speech to the House of Commons, five years after its inception, its Chair Douglas Hogg[24] reflected that:

'The group's function is to act as a catalyst and as a means for co-ordinating policies across government because, by the nature of things, the policies span Departments. It has proved to be an extremely useful vehicle for changes in policy.'

[23] The Ministerial Sub-Committee on the Misuse of Drugs which was chaired by the Lord President of the Council.
[24] At that time (1989) Parliamentary Under-Secretary of State for the Home Department Hansard 9 June 1989

This was an endorsement of this approach and also demonstrated what Levin (1997:87) has characterised as a key feature of Thatcherite and post-Thatcherite change within the policy field. That is the creation of small committees reporting directly to the Prime Minister (PM) or Cabinet Office and which allowed the PM to act as gatekeeper. The early stages of developing a strategic response to drug misuse in the 1980's, therefore, also showed what was to become another key feature of drug policies and which subsequently remained stable from inception, and that is the existence of Prime Ministerial support which has, on subsequent occasions, proved a powerful and influential factor.

Ann Widdecombe (MP) reflecting on the work of the group considered that they had been '*extremely productive*' and considered that their activity was linked to '*mass media campaigns*' which had been undertaken and the Government's participation in international initiatives such as the 1988 United Nations convention[25]; the suggestion is therefore that the existence of the group appeared to have promoted or supported other work on the issue of drug misuse. It is perhaps not surprising then, that this group was maintained by the 1995 White Paper with an initial remit until March 1996 to oversee and coordinate the strategy. In addition similar aims were repeated in TDT (1995) as had appeared in the drug strategy in 1985, namely a focus on '*reducing supplies, improving enforcement, improving treatment and prevention*' (Addiction 2000:335). Another feature at this time was also an attempt to foster inter-agency work on the drug issue supported by the Department of health; these were referred to as the District Drug Advisory Committees (DDACs), which were also created in 1985.

The level of change in drug misuse during the 1980s had prompted calls for action and this was summed up by Chris Butler (MP Warrington South) in June 1989 in a debate in the House of Commons:

[25] Ann Widdecombe House of Commons debate 9 June 1989 Hansard

'In the first half of the 1980s, new addicts increased at the rate of 25% a year, so that by 1988 the total number of addicts was five times that in 1978.'[26]

The scale of change was sure to prompt action and might also have been accounted for by growing public concern:

'...a recent opinion poll shows that the British public believe that narcotic drugs are the greatest threat facing the United Kingdom.' [27]

The response of the public was linked to the changing nature of drug use and both the public's concerns and the changing nature of use influenced increasing political interest. An interesting feature was, however, that this took the form of a 'non-political' response and led to cross-party support.

Cross party support

Cross-party support is evidenced in parliamentary debates during this period and in the run up to TDT (1995); different approaches and analyses of what drug use is, what causes drug misuse and how it can be tackled, are all framed within an atmosphere of co-operation and collaboration which the key contenders were in general keen to acknowledge. Thus in a debate on 9 June 1989 in the House of Commons on drug issues an MP (Tim Rathbone, Lewes) apologised for making a party political point:

'I fear that I must make one political comment – the one only ...'

There are perhaps few debates to be had in parliament where party politicking is apologised for. Nonetheless not all would suggest that cross-party cooperation has been a helpful feature of British drug policy since the

[26] Chris Butler MP Warrington South from House of Commons debate on drug strategy. Hansard 9 June 1989
[27] Chris Butler MP Warrington South from House of Commons debate on drug strategy. Hansard 9 June 1989

increasing concern about drug problems in the 1990s and some have argued that it, in fact, stifles debate and narrows the agenda. However, Labour and subsequently New Labour supported the Conservative policies to develop a drug strategy and commended the priority which they gave to the drug misuse issues[28]. In the run up to the TDT (1995) legislation a difference in attribution of the causes of the growth of the drug misuse problem can be evidenced from debates in the House of Commons. Both parties took a moral tone and in so doing linked the drugs issue into the wider social policy analyses.

A moral engagement

When seeking to illustrate the harm they saw drug misuse as leading to politicians and others often responded by telling 'a story'[29], which usually sought to link the concerns with substance misuse with their own experiences. The story might also draw on international experiences and comparisons, with the USA acting as a picture of what might happen in the UK if things were not dealt with appropriately. Thus, the period which preceded the introduction of TDT (1995), saw in the House of Commons, MPs comparing stories which usually had moral overtones and included social concerns. Tony Baldry MP (Banbury) described the '*horrendous nightmare*'[30] he had witnessed in New York as the result of crack addictions. Further, Hugo Summerson MP (Walthamstow) talked about the '*rate of killings amongst drug dealers*' in Washington which he described as '*quite terrifying*' and asked the House to imagine what it might be like if '*drugs got such a grip on this country*'[31]. Additionally, he linked the images of drug misuse in the UK to images of urban decay and fragmentation:

'*...I suspect that today many drugs are abused simply because people are bored. The reason is clear to those who visit council estates, with their high-*

[28] Chris Butler MP Warrington South from House of Commons debate on drug strategy. Hansard 9 June 1989

[29] This type of 'story-telling' response appears common and to continue after this period: thus Sue Killen, a senior civil servant with responsibility for drug misuse issues in giving evidence to a Select Committee on Home Affairs in 2001 used the same approach; From Minutes of Evidence Select Committee on Home Affairs 30 October 2001.

[30] House of Commons debate 9 June 1989 Hansard

[31] House of Commons debate 9 June 1989 Hansard

rise blocks and terrible staircases that people always have to use because the lifts are broken down for the umpteenth time. No one ever parks his car in the underground spaces because they are vandalised or burnt and the car parks are used by the criminal fraternity for stripping stolen cars. There is evidence of drug abuse in such areas because the young people living there say, "What else can we do?...'

In this the Labour MPs appeared to draw different conclusions from the Conservative MPs. This difference in analysis about where drug misuse emanated from was further illustrated by two Conservative MPs in the same debate about substance misuse. Their concern was focussed on personal moral values and not with a sense of economic disintegration as highlighted by Labour; they were, in fact, more concerned with what they perceived as social dislocation. They suggested that drug misuse stemmed from a '*permissive society*' which had emerged as the result of social changes begun in the 1960's and which had subsequently led to the loss of *'traditional values*'.[32] John Marshall (MP; Hendon South) who made these statements was supported by Ann Widdecombe (MP; Maidstone) who stated that:

'*Our social climate is a product of the decade of disillusion – the 1960s – and people are not expected to bear the consequences of or take responsibility for their actions.*'

She posited that:

'*A natural conclusion of all that is that people will think there is no real danger and that they have no responsibility to consider the question of drugs.*'

Both Ann Widdecombe and other members also questioned the role of the media who appeared, in their view, to enjoy 'glamorising' drug use on TV and

[32] John Marshall (Hendon South) 9 June 1989 Parliamentary debate in the House of Commons; Hansard

the drug use of famous personalities[33]. Similarly Conservative MPs were more likely to attribute substance misuse to the general population and to lifestyle choices –

"Drug taking is not the result of affluence totally and it is not the result of poverty totally....Surely drug taking is the result of aimlessness, hopelessness, lack of direction and lack of a feeling of a place in society. Surely these are the greatest causes of drug misuse, and are likely to span the entire economic and social spectrum." (Steve Norris MP Epping Forest 1989: Hansard)

Sherman (MP Huddersfield, Labour) sought however to make a link between drug use and poverty, apparently reflecting the work of Pearson (1987, 1991 and 1995) which appeared (as discussed in Chapter Two) to provide evidence that ' *a major heroin epidemic spread rapidly through a number of towns in the North of England and Scotland concentrated mainly in areas of high unemployment and social deprivation*' (Pearson 1991:167). In 1989, Sherman suggested that:

'The most party political part of my speech concerns the demand for drugs and the ways to reduce that demand....Some of the clearest information to come out of the research into drug misuse is the link between drug addiction and poverty. The heroin epidemic of the 1980s has been concentrated in the most deprived inner-city areas. That is not to say others do not touch drugs.....but where heroin reached, it was concentrated among unemployed youth in poor areas.'

The difference in attribution between Conservative and Labour MPs is perhaps not unsurprising given the likely political perspective and thus underlying analysis of social factors which each politician might take. Nonetheless, it did not derail the cross-party support. Furthermore, the moral

[33]Ann Widdecombe House of Commons debate 9 June 1989 Hansard

undertones of the debate from both sides fitted with what we have seen more generally with regard to this period and the breakdown in the post-war social consensus (Donnison 1991; Harris 1989). The Conservatives accented personal responsibility and Labour stressed a breakdown in social responsibility and the impact of drug use on the community (Deacon and Mann 1999; Donnison 1991). Both types of analysis can be seen to recur in drug policy with increasing emphasis over the forthcoming years and strategies.

Drugs and crime

Clearly there was a perceived problem with drug misuse about which politicians and the general public were concerned. There was a perceived international dimension and concerns about urban decay, boredom, the breakdown of social controls and community; there were also attempts to begin to link criminal activity, anti-social behaviour and drug misuse. Barry Sherman (MP Huddersfield) raised a number of issues which came to greater prominence once New Labour gained power in 1998. One of these is the issue of drugs and crime:

'One aspect of drug addiction that has not been given a great deal of prominence is the link between addiction and crime. I do not mean international crime, but the type of everyday crime that we see increasing in the crime statistics year after year. One of the reasons we do not know a great deal about that link is that the government have not published the research that they have commissioned in the past.....I am not being partisan, but.....even if the results are slightly embarrassing, we would like to see the Home Office's evaluation of the research into the link between drug addiction, anti-social behaviour and violent behaviour and crime.[34]

He went on to talk about a need to concentrate '*scarce staff and scarce resources*' on the '*really dangerous drugs*'; preceding David Blunkett in his

[34] Barry Sherman, MP Huddersfield 9 June 1989 Parliamentary debate in the House of Commons; Hansard

speech regarding the reclassification of cannabis in 2004 by some twenty odd years. He also drew on proposals emanating from the ISDD[35] which were for a 'caution plus' type scheme, whereby police officers in Southwark might caution an offender if they were referred for treatment: an apparent forerunner of Arrest Referral schemes. Moreover, a potential precursor of the CARAT[36] teams was also heralded by Sherman's references to the need to '*improve treatment facilities in prisons*' and the need to contain a potential source of contamination to the whole population; namely drug use, AIDS / HIV and the potential spread to the '*heterosexual population*'.

A partnership approach

The 1985 Tackling Drug Misuse strategy document which resulted from the Home Affairs Committee Report of 1984 and the Ministerial Group on drugs was the first attempt at a strategic approach to the social issues resulting from drug misuse and it had five aims. These were concerned with reducing supply, increasing enforcement and deterrence, reducing demand through education and prevention and improving treatment and rehabilitation. It laid the strategic direction in terms of the focus on issues which were later reduced to three – enforcement, prevention and treatment. What was different about the TDT (1995) strategy was the emphasis which was placed on including all parties in the pre-White Paper consultation and consequently the focus on working in partnership. This emphasis was not (as we have seen in Chapter 2) entirely new or unknown in the social policy field, nor in the drugs field, where there had been District Drug Advisory Committees (DDACs) working on substance misuse issues in local health authority areas since 1985. These were the subject of two reports (discussed briefly below), the first by Baker and Runnicles (1991) and the second, by Howard, Beadle and Maitland (1993), which became known as 'Across the Divide', and was subsequently portrayed (as noted previously and discussed in detail in Chapter Six) as seminal to TDT (1995). The DDACs were largely portrayed

[35] Institute for Study of Drug Dependence was a sister body to SCODA (Standing Conference on Drug Abuse). They were the two leading national 'voluntary' organisations for the study of and campaigning around drug misuse issues – they later became DrugScope.

[36] Counselling – Advice – Referral – Assessment – Throughcare teams were established in prisons to make a link between prisoners' treatment in prison and the community.

as having failed (Mounteney 1996) and it can be surprising to think that TDT (1995) sought to re-create them in any way; as we shall see later however, it appears that lessons were learned from those reports and that the imperative to 'partnership' forms was for a number of reasons, strong.

There were also reports on other aspects of work in the social policy arena which promulgated a partnership approach. Within the community safety arena (now known as crime and disorder) one such report, known as the Morgan report (1991)[37], received significant local authority support (in part because it suggested channelling work through them) but it did not receive backing from the Conservative government (in part because of the local authority focus). The community safety agenda was seen at the time as one which was becoming linked to the drugs agenda. In 1994, Ian Waddle, a director of a drug treatment provider in Manchester, was quoted as saying:

'We're seeing a paradigm shift to crime prevention and community safety concerns, so I welcome the reports emphasis on community approaches.' (Druglink 1994)

Whilst it is not clear why a paradigm shift to crime prevention and community safety should necessarily be more inclusive of a community approach than a harm minimisation one, it highlights how contemporaneously links were being made and how community and drugs issues were being seen as related to one-another across a number of political and practice agendas.

In 1990, the Drug Prevention Initiative (DPI) was launched. It brought together a number of prominent issues, namely partnership and community as a means by which to tackle drug misuse. Phase 1 saw DPI teams operate in nine areas and this was later expanded to incorporate 20 localised teams. In 1994, with the changing remit proposed in TDT the DPI was re-structured, emerging in April 1995 with 12 bigger teams, covering larger geographical areas; this arrangement persisted for four years until March 1999.

[37] Its real title was - Home Office (1991) Safer Communities: The Local Delivery of Crime Prevention Through The Partnership Approach

The DPI, as a means through which the prevention strategy might be effected, was not wholly uncontentious and concerns were that it was '*a rather gimmicky initiative.*'[38] The contention was that the role '*to bring services together*' should have gone to Local Authorities who '*should be given a key role in the partnership that must be formed.*'(Sherman, 1989)

As we have seen in Chapter Two this was unlikely both with regard to the creation of the DPI and five years later in the drug strategy overall (TDT: 1995) because relationships between the Conservative government and the local authorities were not in general positive (Deakin 1994). However, post-1998 New Labour did incrementally strengthen the role of local authorities within the drug strategy.

In 1991, Baker and Runnicles reported that the District Drug Advisory Committees (DDACs), which had been established in 1985 following ACMD advice and a Department of Health circular, were not working. The original intention had been for them to be *'key agencies in the local and regional co-ordination of drug services'* but that this had not occurred in many areas. One reason given was that since their establishment the '*government has shown little interest*' (Baker 1991b:12-13). In discussing the report, Druglink drew the conclusion that, the DDACs would need to find a way to work, because it was '*highly unlikely that the DoH will attempt to regulate*' them. By 1993 however the DoH had commissioned a report whose conclusions suggested that, in fact, these committees should be replaced by something more formalised and statutory with '*...partnerships established to provide a strategic focus for tackling the problem*' (Howard, et al 1993). It is perhaps surprising that the Institute for the Study of Drug Dependency (ISDD) had not, in their journal, anticipated the potential development. Furthermore, just two years later, in 1995, in the TDT strategy, there was a move to create significantly more strategically focused partnership forms, DATs.

[38] Barry Sherman speaking in House of Commons debate 8 December 1989 Hansard Column 599

In Chapter Six, the impact of the second report, 'Across the Divide', is discussed by policy makers and it is clear that it proved important in the development of TDT (1995). Certainly it would seem that both reports, that by Howard (1993) and Baker and Runnicles (1991), went on to play some part in the new strategy and evidence from both documents appeared to have been taken forward - namely the potential usefulness of partnership structures in this area. However, they also argued, that centralised coordination, or interest, was inimitable to ensuring the delivery of a national drug strategy and keeping localised partnership structures functioning. It would appear that the lesson of the DDACs was learned and if central government wanted 'action' on drugs at a local level they needed a strategically placed, high level partnership form which could also control or command budgets (Mounteney 1996).

Following both of these reports the government instituted evaluations of the work of the DPI and, in December 1993, established a central drug coordination unit (CDCU) in order to review the strategy on drugs and make recommendations for how it might be improved. The outcome of the review by the CDCU was the Green Paper which heralded and opened consultation on the White Paper, Tackling Drugs Together.

Tackling Drugs Together - 1995-7

The strategy

Tackling Drugs Together, White Paper, sought for the first time through legislation to create a more focussed and strategic approach to drug policy. It created specific mechanisms for delivery of those policies based on a partnership, multi-agency, cross-departmental philosophy. It opened a whole new era of increased attention and focus on drugs issues by a number of key players, including politicians at a senior level and those working within the large state organisations charged with responsibility for drug issues. In all of these senses it answered the criticisms of the earlier attempts at policy and intervention.

As highlighted, the ideological imperatives for TDT were influenced by those which had driven other social policies forward in the Thatcherite era: the introduction of market economies into the state sector, increased central surveillance of local activity, a holding to account of local government for delivery of their local services and the introduction of performance indicators and monitoring for the service sector.

Tony Newton, the Lord President of the Council and Leader of the House of Commons launched the White Paper on 10 May 1995. The strategy was announced thus:[39]

'*The Government today launched a tough new drive against the menace of drugs. This combines vigorous law enforcement, drug prevention in schools, action in local communities and initiatives in prisons.*'

The strategy incorporated a broad approach and in addition could be seen to have responded to the calls for a more explicit incorporation of treatment issues which had been made during the consultation period. The Executive Summary made it clear that the strategy sought to focus as forcefully as ever on enforcement and reducing supply, but that it also recognised '*the need for stronger action on reducing the demand for illegal drugs*' (TDT 1995:1), which meant that issues of education and health had also to be tackled. In this way the strategy could be seen to address the social issues which MPs were raising in House of Commons debates and which, it seemed, the public was reflecting in the fears expressed in opinion polls about the nature and impact of substance use in the UK. TDT (1995) had three principle areas – crime, young people and public health and these were explicitly laid out:

'To take effective action by vigorous law enforcement, accessible treatment and a new emphasis on education and prevention to:

- *increase the safety of communities from drug-related crime;*

[39] Cabinet Press Office OPSS 140/95 10 May 1995 'Government Acts to Tackle Drug Misuse'

- *reduce the acceptability and availability of drugs to young people; and*
- *reduce the health risks and other damage related to drug misuse.'* (TDT 1995:1)

A cross departmental approach

In launching the strategy the cross departmental approach was underlined as Tony Newton was accompanied by the Home and Education Secretaries and Ministers from the Department of Health, Customs and Excise and the Foreign and Commonwealth Office. The Secretary for Health was not present and the absence appeared to indicate that the department might not give the high priority to the strategy which was required and this contributed thereafter to a sense amongst some commentators that the role and commitment of health to drugs issues was the subject of some doubt. As discussed there has been an ongoing tension between whether drug policy was / is / should be a health dominated or a criminal justice dominated agenda. Traditionally, a health based response has been characterised as one inclined to prioritise the individual and a criminal justice based response has been seen as one which gives precedence to the community. This is simplistic however, and also has ignored the sense within health that substance misuse was a 'Cinderella' area, not one for ambitious people or those seeking to make their names or careers. Further, it was a section perceived as one too small in budget terms and public health terms to be significant when compared, for example, to other health issues such as heart disease or cancer. Finally, the response of health based staff to substance misusers has always included those whose morally based perception is that it is a self-inflicted harm which should not be given priority in comparison to the 'truly' sick[40]. The tension has historically not been wholly between a health and criminal justice dominated agenda, but also between a department deciding where to put its departmental priorities, its individual self advancement ones and its moral judgements. Thus, the issues of the penal / health divide are matters which

[40] The latter is not wholly an issue related to health based staff, although it is usually more acutely realised, for example in accident and emergency departments. During the 1980s harm reduction philosophies were seriously debated within the criminal justice arena, including probation and police staff.

can be seen to recur throughout the strategies, but which the partnership based philosophy sought, in part, to address. Partnership was able to do so by spreading the load across a number of organisations; it also addressed the issue in such a way that its status would be enhanced within any given individual organisation and yet would also contain (or make explicit through inter-agency debate) the moral judgements which might affect practice based responses.

Tony Newton, when launching the White Paper, nonetheless, stressed the importance of the cross departmental nature of the strategy:

'*My colleagues and I are determined to make every effort to tackle the drugs problem and the evil it brings. The White Paper is a co-ordinated effort across Government and is the culmination of a year long review of the drugs strategy.*'[41]

Furthermore, the Foreword (TDT 1995: vii-viii) ended with a stress on the personal commitment of the signatories – Lord President, Secretaries of State for the Home Department, Health, Education and Paymaster General – to the strategy and to '*working in partnership with others who are ready to contribute their efforts to tackle drugs together.*'

Prime Ministerial attention and a focus on delivery

The TDT legislation was given attention at the highest level with the Prime Minister welcoming the strategy saying:

'*Drug misuse blights individuals' lives and damages whole communities. The strategy sets clear national priorities, objectives and timetables. It offers a*

[41] Cabinet Press Office OPSS 140/95 10 May 1995 'Government Acts to Tackle Drug Misuse'

basis for effective action in local communities. It is the most far-reaching action plan yet against drugs.' [42]

It is of interest in the Prime Minister's comments that he picks out the objectives and timetables, demonstrating, in this short statement, the importance at this time, of being able to prove action and hold others to account. Major had himself, served as Treasury Minister for a period and had been seen as strong at holding others to account; it may, therefore, also be recognition of his own ways of measuring importance, or, may have been an important facet for gaining his support. The role the Treasury played in supporting this TDT (1995) legislation is also discussed in Chapter 6, as described by the civil servant responsible for drafting the legislation; Keith Hellawell (2003 304-305) also described the importance of their role and support in his memoirs, with regard to later strategies. The Treasury had played a role in the Ministerial Sub-Committee from the beginning through the involvement of the Paymaster General and this role continued under the new strategy – TDT (1995). Through this involvement there was a direct attempt to ensure that monies being spent by the government and public organisations were clearly accountable and that there was a sense of the need to achieve value. It is probable that this also helped to drive a focus on being able to evidence implementation. In addition, it emphasised the cross-departmental nature of the strategy and the range of departments who had an input into it.

The importance of delivery was further emphasised by Tony Newton, who when launching the strategy said that:

'The White Paper provides a structure for delivering the strategy locally by co-operation between all the agencies with responsibilities in this field. The aim is to pursue the national priorities in the light of local needs...We are making

[42] Cabinet Press Office OPSS 140/95 10 May 1995 'Government Acts to Tackle Drug Misuse

over £8.8 million available to underpin these local structures and I shall be taking a close interest in their progress.' [43]

The *'local structures'* were the Drug Action Teams (DATs). As discussed previously, these were a new partnership structure whose purpose was to require key statutory agencies to work together on the drug misuse issue; this included health authorities (who were charged with calling the initial meeting), police, probation, local authorities, Customs and Excise and prisons. The money referred to was the 'development funds' which were set-up to '*underpin*' the local structures and which allowed for the creation locally of a coordinating structure to mirror, in some ways, that created centrally in the CDCU. This income was intended to pay for the 'administration' which surrounded the DATs, but was used by many at first to pay for someone to organise the work and the inter-agency relationships on which the local strategy relied. The staff that did this became known as DAT co-ordinators and, increasingly, the funding was used by most DATs to do this; eventually there was an expectation that this would be the case. The consideration which this aspect of the strategy had been given is highlighted because in order to safeguard the use of the monies, they had been ring fenced as part of the TDT (1995) legislation; this meant they could only be used for 'administration', not to deal with the 'causes' of drug use or drug use itself which some felt they could be used to tackle.[44]

The Executive Summary made the emphasis on delivery explicit:

'A national strategy can only work if it is delivered on the ground...The government particularly supports initiatives where different agencies work in partnership.' (TDT 1995:5)

It then went on to lay out its proposals for action for the following three years which included the creation of the new structures – Drug Action Teams with

[43] Cabinet Press Office OPSS 140/95 10 May 1995 'Government Acts to Tackle Drug Misuse
[44] This is based on my own knowledge and memories of that time. I worked as a DAT Coordinator between 1996-8.

whom there was an explicit link to delivery which should be '*in line with the overall priorities of the national drugs strategy and in the light of local needs*' (TDT 1995:5). This clearly sought to address the issues which had been raised by Barker and Runnicles (1991) and Howard (1993) in their reviews of the previous drug strategy with regard to the lack of delivery / action at a local level. Additionally, Annex D was dedicated to specific advice about how the strategy could be delivered locally. It stated:

'*Tackling Drugs Together, sets out detailed and coordinated plans for central Government Departments but recognises that, if national objectives are to be achieved, coordinated local action is also vital, building upon existing statutory and operational responsibilities for tackling drug misuse and tailored to local circumstances and priorities. The White Paper therefore sets out the Governments plans for ensuring that effective multi-agency partnerships are in place throughout England*'. (TDT 1995:57)

'A winning combination'

Tackling Drugs Together (1995) has been portrayed as something of a policy success with regard to the way in which it was drafted. As illustrated, drug misuse has traditionally been an area in which there were dichotomous views both about the nature of the problem and the best way to tackle it. However, the policy appeared to have been widely welcomed and most local areas responded by calling initial DAT meetings and appointing Chairs; in all, 105 DATs were established across the country.

The *'Drug Action Teams (DATs) were set up across England with a remit to implement the strategy'* and were expected to '*adapt the national strategies to their local circumstances.*'[45] Given the variation in drug use, drug related social problems and perceptions of the key issues this was a 'winning combination'; the ability to appeal to different audiences was an important feature of TDT (1995). This will be explored further in the evidence of the

[45] The Worcestershire Drug Action Team information website; accessed via Google search 2004.

speakers in Chapter 6, who, coming from many different perspectives, were involved in the creation and development of TDT (1995) at a national level. However, it can also be seen in papers prepared in response to the strategy and is highlighted by those from two very different lobby groups. In a paper written by Anni Ryan for a Release / Liberty Conference in 1995, drug use is described as one of the '*foremost social policy issues*' for England in the 1990s and the '*strategic framework for dealing with drug use in England*' is welcomed along with the emphasis on a '*new partnership approach*' (Ryan 1995). More specifically she considered that TDT (1995) the strategy was at heart a '*repressive policy*' because it was essentially abstinence based and '*its language depicts drug users as unhealthy and irresponsible*' but still she welcomed it, for the '*opportunities for the advancement of the rights of drug users*' and saw the '*emphasis on a multi agency approach*' as '*a testament to this*' (Ryan 1995). In particular, Ryan (1995) portrayed the Drug Reference Groups (DRGs)[46] as a '*promising aspect of the strategy*' with their '*emphasis on partnership at a local level*' as it is recommended that they include the involvement of '*service users*'.

From a very different perspective, the strategy was also welcomed by Alan Castree writing as an Assistant Chief Constable and Secretary of the Association of Chief Police Officers (ACPO) Crime Committee and Drugs sub-committee. He said that '*credit is due to the CDCU* (as this is a) *comprehensive document*' (Castree 1995). He added that the police felt that their views had been taken into account and this was visible in '*the finished document*'. He acknowledged tensions, for example, for the police '*harm minimisation ...can be a difficult concept*' and that they supported abstinence as the '*only risk-free choice*'. But he too picked out the multi-agency, partnership aspects of the policy as a positive, and saw TDT (1995) as giving the opportunity for organisations to provide:

[46] DRGs were described by TDT (1995:60-61) as intended to encompass 'a wide range of local expertise' and local communities; the former was intended to include members of the statutory organisations, as well as voluntary organisations and professionals such as pharmacists and the latter was intended to include community organisations, drug service users and young people.

'A sound model for DATs and DRGs but there needs to be unity of opinion to make good progress on a number of fronts.... There is a need for strong leadership and co-ordination and a network and exchange of ideas...' (Castree 1995)

This period covers a time of considerable social, political and ideological division and thus the ability for TDT (1995) to unite factions as separate as Release and the ACPO in welcoming the drug strategy was quite an achievement. Moreover it was the same feature from which they drew comfort – the partnership approach. Aspects of joint party support and co-operation was an unusual feature of social policy and drug policy was an area that was contentious, it was not, therefore, easy for a policy to be drafted which brought plaudits from a variety of key players. The ability to draw together and link those from a wide social and political spectrum was a surprising feature of this drugs strategy. This 'apple pie' image is considered in Chapter 1 and discussed further in Chapter 6. Furthermore, it is interesting to consider what the impact of being all things to all people might have been on this strategy and whether this had any discernible impact on the re-formulation that became TDTBB (1998) and the Updated Drug Strategy (2002) nearly 10 years on.

Partnership – Drug Action Teams

Between the Green Paper and the White Paper, TDT (1995), the changes made to the DATs, Drug Reference Groups (DRGs) and *'development funding'* were few, but presumably based on lobbying and included[47]:

- the creation of more flexible local boundaries
- Directors of Social Services as core members
- the co-option of the voluntary sector

[47] Cabinet Press Office OPSS 140/95 10 May 1995 'Government Acts to Tackle Drug Misuse'

DATs' boundaries varied considerably for many years with some metropolitan areas covering limited geographical spaces (for example a single London borough) whilst others, especially those with County Councils, covered whole County areas and thus wide geographical spaces (for example, Essex, Kent, Cambridgeshire and Norfolk). The core membership included those from the police, health and local authorities, prison and probation services; but usually also those from Customs and Excise and the local DPI representative, where in existence. The core membership therefore embodied the central principle of the strategy through the creation / existence of the DAT – a multi-agency partnership framework for decision making and action.

The role of the DATs and the coordinators reporting to them was to prosecute the drug strategy according to local circumstances. The strategy sought to concentrate on bringing together law enforcement, treatment and prevention agendas. How these were taken forward was for localised decision-making and agreement within the inter-agency framework of the DAT. There was an initial pressure on the DATs to co-ordinate some funding arrangements and some areas combined small pots of money to facilitate small projects, one off arrangements or pieces of research. Increasingly, there was pressure on central government to make more centralised funding available or to allow DATs to hold and co-ordinate large sums of money. Additionally these arrangements contributed to a stock of debates which in turn led to the direct allocation of monies to DATs or for monies to be spent under the direction of DATs; this was in particular a feature of TDTBB (1998) (Dale-Perrera 2001:19-21).

The role of the DATs, Chairs and DRGs were spelled out in some detail in the strategy itself and in Annex D. What was envisaged was that the DATs would be composed of senior representatives of local public organisations who were responsible for the delivery of the strategy at a local level. In the achievement of this they would be assisted by the DRG who would provide the local expertise and the link to the community. The strategy laid out the terms of reference for the DATs, as well as their basic composition, boundaries, responsibilities to the centre, mechanisms for communication and reporting,

accountability and who they might call on for assistance. Their terms of reference should, it said include assessing the scale and nature of the local drug problem; ensuring a 'fit' between the strategies, policies and operations of each of the constituent member organisations; ensuring that a DRG was established and effective, and that appropriate action against the Statement of Purpose and national objectives of the strategy were undertaken in the light of local need (TDT 1995:58). It saw previous local arrangements for tackling drug misuse as being able to be incorporated into the new arrangements and suggested for example that where District Drug Advisory Committees existed they might '*form the basis of Drug Reference Groups*' (TDT 1995:58). In so doing, the strategy allowed for prior arrangements which fitted with the new vision to be incorporated and for what was already working / delivering locally to be used; however, it also meant that it was possible to underline that the new DATs were meant to operate at a significantly more senior and strategic level than the DDACs. Thus, it was possible to highlight and ring the differences between the old and new and underline once again the emphasis on change, seniority and implementation.

The DAT Chair

The Chairs of DATs varied considerably and most teams were, in the initial stages, chaired by those from Health Authorities, although Chairs also included Directors of Social Services, Chief Executives of Local Authorities and Chief Constables. Under the strategy, Chief Executives of Health Authorities had been '*given the responsibility for ensuring local coordination arrangements are in place because of their clear lines of accountability to central government' (TDT 1995:58).* Further they were required to report on the establishment of the DAT in their area by September 1995, thus within five months of launch. It was explicitly stated however that this did not mean that the agenda should be '*health-led*' but that all '*three strands are interdependent and of equal importance*' (TDT 1995:58).

Chief Executives of Health Authorities did not have to become the DAT Chair, but where they were keen to do so this gave them a leading role. For those

who were less enthusiastic, or where others in a local area were filled with enthusiasm, then other chairing arrangements were made. The strategy required someone with '*personal commitment, drive and leadership skills*' (TDT 1995:60). This contributed to the 'success' of the strategy according to commentators: the ability for responses to be shaped locally and according to local circumstances and for there to be commitment.

The role of the DAT Chair was a crucial one at the start of TDT (1995) strategy and influential in shaping and driving the nature of the DAT in that local area. DAT Chairs were initially drawn from very senior ranks and this was as a direct result of government expectation, based on the assumption that the only person who could drive something to happen in an organisation was the person at the very top (Mounteney 1996). This was highlighted within the strategy itself with an explicit instruction that '*representatives from all organisations should be in a* ***sufficiently senior position not only to ensure their own organisational and service objectives in relation to tackling drug misuse are fulfilled but also to shape their own organisations' strategies, policies and operations to fit objectives agreed collectively by the Drug Action Team***' (TDT 1995:59)[48].

It was made explicit that the Chair was important for '*ensuring that the work of the Team is focussed*' and that they were '*responsible for reporting on progress to central government*' (TDT 1995:60). Further, that the Chair was '*directly accountable through the Central Drugs Coordination Unit to the Chair of the Ministerial Sub-Committee on the Misuse of Drugs for the progress which the team as a whole makes towards the three aims...*' (TDT 1995:60) As Leader of the House and responsible for TDT (1995) Tony Newton put a significant amount of energy into supporting DAT Chairs and visited local areas and held meetings with them about the implementation of the drug strategy. The CDCU also liaised closely with local areas and held conferences and events aimed at sharing good practice and disseminating information. The strategy gave opportunity for those in localities to have close

[48] Emphasis original.

and direct contact with the centre through the prosecution of the strategy. It also meant, however, that some local executives, who might have considerably devolved powers (for example Chief Constables of Police), could appear to be more directly accountable to the centre for some of their activity. Furthermore, it meant that the focus of the strategy on delivery against the three key aims at a central and local level was consistently spelled out and built into the very mechanisms which were created by the strategy.

At this stage, support from the DPI was patchier because they existed in a small number of areas in comparison with the national coverage of the DATs[49]. With the change to DPAS and TDTBB (1998) this was to change. Additionally, the strategy itself suggested that the DPI might operate at the Drug Reference Group level, although in real terms it was more likely that the Team Leader (a relatively senior civil servant) sat on the DAT and team members on DRGs.

Drug Reference Groups

Drug Reference Groups varied considerably across the country, in number, structure and make up (Duke and MacGregor 1997: Mounteney 1996). Some were based on geographical boundaries, especially where the DAT covered large swathes of country. In this instance they might represent district council areas, where the DAT was based on the County council area.[50] In other areas DRGs were based on the three target areas for the strategy and drew membership from local relevant organisations.[51] In other areas, arrangements varied, but a DRG might be composed of those who were responsible for ensuring the strategy happened locally and thus they would respond to given issues at given times and members might be co-opted where necessary.[52] The involvement of the 'community' was often limited, with key players on DRGs being local 'drug experts' and those working in the

[49] 1990-95 there were 20 small DPI teams; in 1995 for Phase 2 this changed to 12 larger teams covering a wider geographical area, for example a county.
[50] Essex was based on this model 1996-8
[51] Cambridgeshire was based on this model
[52] Hertfordshire ran on a model similar to this.

field, not necessarily, or typically, those living in the communities affected by or experiencing drug misuse. In some areas, particularly where they were based on local authority boundaries, DRGs included local councillors as representatives of the local community; this was quite frequently an area for concern, however, for staff from those local authorities.[53]

TDT described the role of the DRG as one which should have a '*broad membership which will help forge close working relationships with a wide range of local expertise and with local communities*' (TDT 1995:60). It laid out who might form members of the DRGs, and this included local voluntary organisations, the business sector, GPs, pharmacists, treatment services, educationalists, courts, schools and youth services. It was explicit however that it did not seek to '*prescribe the exact membership*' and in order to engage the wider community DATs should explore a '*range of approaches*' (TDT 1995:60). Unlike DATs, the 'voluntary' nature of DRG membership was stated. The terms of reference for the groups included advising the DAT on the appropriate measures to take to effectively asses the scale and nature of local drug misuse issues. They also included providing a local forum for exchanging information about good practice and new initiatives and involving communities in action against the three strands of the strategy (TDT 1995:60).

However, there were few examples which met Anni Ryan's hopes of direct involvement of user groups in DRGs[54]. In fact, the involvement of the voluntary sector and communities proved controversial; for example, some DAT members felt it was inappropriate for commissioners of services and those being commissioned to sit on the same body (Mounteney 1996)[55]. The CDCU did pursue their involvement for some time, but there were few DATs who achieved it and where the voluntary sector was involved it was usually at DRG level.

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[53] This is again something I know from my own experience during 1996-8 as a DAT coordinator.
[54] This is an area, which is explored in the field research undertaken with DATs.
[55] I was personally party to many of these sorts of conversation as a DAT coordinator and was aware of the controversy at that time. I know some research / audit was commissioned to check the level of involvement but have been unable to locate it so far; it showed as a recall that voluntary sector involvement in DATs was low.

The DAT coordinator

The DAT coordinator was most often housed in the same organisation as the Chair and came from a range of backgrounds; those from health management, professional or managerial backgrounds, probation officers and those from local authority management structures were most common. This range of expertise had been supported by the strategy where it was outlined that administrative support was not envisaged as being filled solely by a '*health service employee*' (TDT 1995:2). The nature of the positions and the job descriptions meant, however, that people had to come from a background where they could demonstrate previous knowledge of working with those from a variety of professional groups and, because of the nature of the DATs (especially in the early stages), those from a range of levels of seniority, including the most senior Chief Executives.

Although the strategy had not specifically designed or outlined this role as it had with DATs and DRGs, it did devote specific funds for the '*development of local coordination arrangements*' – which thereby made it possible for resources to be devoted to the development of the coordination and partnership arrangements. It was explicit that the funds could be used for '*administrative support, research, advice, training, commissioning local needs assessments and mobilising community involvement*'. It also stated clearly that whilst it was for the DAT to decide '*how best to use this funding*', the resources could not be used for '*direct service provision*'. In addition the DAT Chair was *'required to account for the use of the development funds when reporting through the Central Drug Coordination Unit to the Ministerial Sub-Committee...'* (TDT1995:62). In this way, central government wrote into the strategy from the very beginning mechanisms for the operation and oversight of the strategy at a local level.

The community and partnership

The role for communities and the part they were to play in the drug strategies is an interesting one, for there is often mention of the necessity for their

involvement, but then a much less clear focus on how they might be included. The early establishment of the DPI and their community focus and functioning, via their support for small, localised projects which were community based, provides some evidence of the intention to involve and engage with local communities with regards to the drug strategy, at least at the centre. However the review of their functioning undertaken by Teresa Williams in 1998, suggests that this engagement with communities was varied and that some DPI teams acted, in fact, on a 'strategic' basis, engaging with senior policy makers at a local level. This may have been because, as the research also reported, the DPI teams' links with the community could be a '*double-edged sword*' (Williams 1998:70).

When the DPI metamorphosed into DPAS in 1998 their focus changed and more clearly became one of supporting and facilitating the driving forward of the government's drug strategy, through a 'command and control' system related to the DATs. The report by Teresa Williams (1998) on the functioning of the DPI teams was highlighted by the CDCU in 1999 as having been '*influential in informing the development of the successor arrangements ... in support of ...TDTBB.*' (Williams 1998: Foreword)

With regard to the vision of TDT and how it was interpreted by some at the time, there does seem to be a commonly held assumption that 'community' was important to the interpretation and functioning of the strategy. It becomes difficult to track the meaning of it, however, and it is hard to disentangle how it links to the drug strategy at this time, because it appears to be a word used by those from both sides of the political spectrum and those from differing 'pressure' groups operating around this agenda. As drug misuse strategies themselves have, on occasions, been portrayed, community becomes as discussed previously, an 'apple pie and motherhood' term which is indisputably a 'good thing'. This function of the term was noted by Duke et al. (1995:10) when they undertook a comparison of community development approaches for the Home Office focussing on two DPI teams. As noted earlier, TDT (1995) was launched at a time of considerable political tension and when, politically, the notion of community and what constituted one, was

an increasingly contested sphere with a variety of meanings attributable to it. Duke et al. (1995:11) warned against the '*tendency to focus on particular communities*', in particular those who were poor or deviant. Most frequently however, commentators enlisted the term 'community' to conjure a sense of a localised and geographically based group of people who were 'innocent' and somehow 'done to' or 'victimised' by drug users and dealers and those who would disrupt their area (Duke et al. 1995:94). The drug users themselves were 'others' who were not generally seen as members of that community (thus not potentially the sons, daughters or parents of those being victimised), nor were they (the drug users) portrayed as a community themselves with needs which might be also be locally based. In seeking to draw out good practice Duke et al. (1995:103) highlighted the need for the community to be a '*partner and participant in the process*' and not regarded as '*an object on which to target work*'.

In terms of attribution of the drug problem with regard to community, social and environmental factors, TDT dealt directly with the differing perspectives, suggesting that:

'*It is a matter for conjecture what causes an individual to misuse drugs. The social environment may be relevant in one case; personal inclination in another*' (TDT 1995:54).

In this way they embraced both the Conservative and Labour positions without explicitly denying either. Nonetheless, the strategy went on to assert that:

'*Drug misuse is not confined to particular social or economic conditions. Poverty will not lead necessarily to drug misuse. Prosperity will not prevent it*' (TDT 1995:54)

In this way, the link between drug misuse and poverty, and drug misuse and crime was less explicitly positioned within the strategy than might be the case in later responses. The position was congruent, however, with the view of

Conservative MPs preceding the drafting of the strategy. Concessions were offered to the social and environmental 'lobby' through the acknowledgement that the strategy would also be linked to '*other Government policies and programmes, such as those concerned with housing, employment and economic regeneration*' (TDT 199554). Whilst the assertion was that these issues were not '*primarily directed to drug misuse problems*' they might '*nevertheless help to deal with them*' (TDT 199554). In this way, TDT (1995) again managed to demonstrate its ability to cross over difficult political boundaries and disputes in a way which ensured that the policy continued to be cross-party and cross-departmental. In so doing, it could draw in the broad range of political, social and activist opinion needed to be implemented effectively.

Tensions were drawn out, however, at the time by some commentators, such as Dennis O'Connor[56] at an ISTD conference in 1995. He discussed the changing analysis of the drug situation at that time and the role of the ACMD in shaping this. In so doing he also picked up on the theme of community, suggesting that for police forces the '*tensions between concerns for the individual and the community were being overcome*' through the practice of multi-agency co-operation and a vision of harm reduction which '*is not limited to concentrating on misusers, but goes beyond including considerations of the wider community who are also harmed by drug misuse*'[57]. This tension between the rights and responsibilities of the individual and the community is one which can be seen to intensify over the whole period under consideration and under each subsequent drug strategy. In 1995, Duke et al. (1995:15) suggested that the '*appearance of endemic drug use and the increased scale of the problem*' meant a new focus on non-users and recreational users and thus on drug prevention work, with the focus of this work being community based and aimed at creating drug resistant communities. Under New Labour and subsequent strategies, the view of a wider community who were also harmed by drug misuse became more powerful and pervasive.

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[56] At the time Deputy Chief Constable of Kent and also a reasonably well known commentator on drug issues in the 1990s.

[57] Dennis O'Connor taken from a 'Report of a Conference organised by the ISTD' 1 March 1995 Ed. Carol Martin

The role of the DAT Chair in involving the community is an area as yet unexplored. It is not clear whether there was variation in this according to the organisation from which the Chair was drawn. As they were overwhelmingly drawn from one of three large, bureaucratic organisations, such as the police force, health authority or local authority it may not have had a significant impact, but it is an area which might be of interest. Further, Teresa Williams (1998) in her research discussed the suspicion that many locally based policy makers felt towards the involvement of the community in drug strategy. She saw this tension as manifested in the role of the DPI teams who were most likely to champion the *'local recognition of the potential part communities can play in TDT* (Williams 1998:69). Her quotes from local players highlighted the key areas; namely the concerns which drug agencies themselves felt about direct engagement with local communities because of potential objections to their work; or the Director of Social Services who felt that the active engagement of the community would disrupt the '*clear vision about what we see to be the role of community groups*'; or concerns about managing community expectations so that they were '*realistic*' and finally that:

Local authorities see it as a threat if you are seen to be empowering communities, because they are used to having control, they don't like letting things go. (Williams 1998:70)[58]

Williams (1998:5) suggested that without the input of a strategically planned and '*dedicated local resource*' such as the DPI, it was unlikely that drug prevention work at a community level would be sustained. Clearly, therefore, from the start of the strategy and the evaluations of it, with Duke et al. in 1995, to Williams later in 1998, there is evidence that the relationship between community and drug strategy is by no means a straightforward one, with a complexity which makes it difficult to unravel. In addition, it was an engagement which was perhaps harder to measure than some and where, as TDT (1995) spelt out, engagement should be 'voluntary'. In a policy designed

[58] This is a quote from a Senior Development Officer in the DPI taken from Williams 1998

to be deliverable and measurable it may well have been inevitable that, this being the case, the area would eventually gain less attention.

A policy designed for implementation

Tackling Drugs Together (1995) was a target driven policy which could be monitored for success. DATs and their constituent agencies were required to submit annual reports and to measure their performance against Key Performance Indicators (KPIs). As discussed in Chapter 6 this was a newly emerging area for government policy and one with which the Treasury were closely associated. It was a business idea that transferred to the civil service, government and policy making. In so doing, it provided a challenge to those attempting to find ways to measure activity meaningfully and to demonstrate impact. There was considerable central and local discussion about the meaning of terms, such as 'outputs' and 'outcomes', which many found confusing and distracting[59]. The positives of this approach for those implementing policy was, however, demonstrated in a report by the Comptroller and Auditor General to Parliament on 15 July 1998. Sir John Bourn, the head of the National Audit Office, reported that Customs and Excise had far exceeded their targets for drug seizures and had thus prevented the importation of drug shipments into the UK[60]. As the agency with lead responsibility for this facet of the strategy they were able to demonstrate their success with the seizure of drugs worth £3.3 billion and having 'dismantled' 130 drug smuggling organisations.[61]

Mechanisms were put in place which required DATs to report collectively on their activity and that of their constituent members against the strategy's three key aims to the CDCU. Appendix B was dedicated to how local performance

[59] I am aware of this from my own time as a DAT coordinator at this period and from running information sessions and holding discussions in DAT meetings and other forums to inform people of the difference between the two and to consider how KPIs might be constructed and how activity might he measured.

[60] National Audit Office Press Notice HM Customs and Excise: The Prevention of Drug Smuggling. 15 July 1998

[61] This is an area (reporting on 'targets achieved) which has been scaled back in 2004; discussion centres on whether this is due to population fatigue; that people don't 'believe' the success. etc.

indicators could be developed and laid out that it was '*essential that Drug Action Teams are in a position to evaluate their progress in line with the Statement of Purpose and local priorities*' (TDT 1995:65). This evaluation needed to incorporate '*appropriate performance indicators which will supplement at a local level, the key performance indicators which Government departments will use to monitor overall progress on the strategy*' (TDT 1995:65). Reporting of activity in a collective way meant that it tied constituent organisations into working together so that they were then in a position to be able to demonstrate they had done so. This was also a new phenomenon and one which required mechanisms for reporting and evaluating the activity as well as structures for coordinating the information and collecting it. Further, it allowed for those mechanisms to be developed subsequently for ever greater levels of performance monitoring.

In addition, the individual organisations that formed the DATs had their own performance targets which they were expected to meet and report on. This was explicitly stated in the strategy where it was made clear that the Chair was accountable for the '*progress which the Team as a whole makes towards the three aims...*' but that in addition each member of the team would be '*accountable to their own agencies... for their individual contribution to the collaborative work... and the resources which are deployed to fulfil the joint action plans of the DAT* (TDT 1995:60). The explicitness of the responsibilities were therefore laid out – the organisation was required to act collectively as a part of the DAT and individually. Further, central government would be monitoring and auditing this activity and looking for evidence that it had occurred and for its' impact against the national strategies objectives, as well as against local need. The information reported on via the DAT or individual organisation could, therefore, range from the number of drug misusers recorded on the Regional Drug Misuse Database (MacGregor 2006:404) to a whole thematic inspection of the Probation Service by its own Inspectorate against '*a number of tasks*' set the 147 services in England between the years 1995-8 by TDT (HMI of Probation 1997:9).

The scale of the performance measurement, the collective responsibility and the pursuit of information by central government was new and challenging for all concerned. Clearly, the intention was that the strategy would be implemented and that this activity would be performance monitored; TDT (1995) was a clear, signposted move, therefore, towards demonstrably implementable social policy.

The ability to monitor performance and report on 'success' is, of course, important to governments who need to feedback to the electorate every five years on the success of the strategies which formed part of their election manifestos. Social policies which combined elements of measurement later became increasingly important and, for New Labour, in 1997 this became a key feature of many of the policies which were introduced. It was a platform on which they hoped to demonstrate success across a number of target areas, from children's educational achievements, to anti-social behaviour, particular sorts of crime and drug misuse. It was an area immediately picked up on by Ann Taylor in her announcements to the house regarding TDTBB (1998), as discussed in Chapter Six.

Conclusions

TDT (1995) was an innovative policy which was seen to be able to unite disparate political, policy and practice agendas. It used partnership in a new way, linking it to innovation and delivery. The mechanism also allowed, however, for the policy to be seen to be flexible and adaptable to local circumstances. It permitted the Conservative government to 'go round' local authorities with whom they had negative relationships. In addition the partnership approach made possible the development of central organisations such as the CDCU who could oversee the implementation of a national strategy in a direct way. The evaluations of the TDT (1995) strategy may have influenced the New Labour response, which was to change the strategy whilst building on the basic structure which had been created by TDT (1995) and the emphasis on implementation. Thus, the effects of New Labour were to increase the managerial and centralised aspects of the strategy, along with

the levels of funding. Changes to the 'architecture' of the policy were made but these essentially strengthened (at least at first) what was originally created.

The changing nature of drug misuse and welfare provision, the moralised political agenda, the growth of managerialism and partnership can be traced through the development of this policy and were reinforced under New Labour who were elected to government in 1997. In 1998, with their own strategy TDTBBB (1998), they changed the emphasis of the drug strategy subtly but perceptibly. The link between drug misuse and crime was strengthened and there was a greater emphasis placed on Class A drug use and, in particular, links were made which suggested that both contributed towards the decay and disruption experienced in communities. The emphasis on the community was strengthened which provided another strong discourse alongside that of partnership. We will explore this further in the next chapter.

Chapter five – Implementing drug policy - 1998 – 2004

Introduction

This chapter covers the period after New Labour took power in 1997 and introduced their first drug strategy in 1998. Its focus is on how drug policy was implemented post-1998 and in particular the changing emphasis in the drug strategies; this includes the proliferation of the partnership approach and the use of performance management in an attempt to evidence policy implementation.

Along with Chapter 4 (which focuses on 1994-1997) this chapter tells a chronological story and is based on documentary sources. It also seeks to consider how other social policy factors contributed to and influenced the strategies adopted for tackling drug issues.

New Labour built on and referenced Tackling Drugs Together (TDT, 1995), but also made subtle changes in emphasis. These included giving more attention to investigating a link between drug misuse and crime, the effects of drug misuse on communities and links between Class A drug use, crime and urban deprivation. In addition, New Labour sought to 'join up' policy initiatives aimed at tackling a number of complex social issues.

The partnership approach embodied in TDT (1995) was expanded and incorporated into a whole series of other initiatives – particularly those concerned with complex social policy areas where a number of agencies were involved. This proliferation has latterly led some academics and commentators to begin to suggest that there has been an observable change in the nature of *governance* from that period and that it might be possible to trace the emergence of new institutional forms (Newman 2001).

Additionally, New Labour placed '*an increased emphasis on implementation*' and the ability to evidence it through the development and use of tighter performance management structures (Modernising Government 1999;

Lowdnes 2005); those structures also gave central government an opportunity to more closely oversee implementation (Davies 2005). The concern with implementation was also present in other social policy areas and built into devolved government functions such as government offices and 'ad hoc' structures such as a specially created 'special health authority', the National Treatment Agency (NTA).

As we have seen, during the 1980's and 1990's there had been a political reaction to the perceived change in drug misuse in the UK and this had incorporated a number of practical responses such as the development of harm minimisation in the treatment and care of IV drug users, through to the creation of a special Ministerial Sub-Committee devoted to the consideration of how best to respond to the new drug misuse situation. The political response had been to create a drug policy which was cross-departmental, incorporated cross party support and was based on a concept of partnership. This appeared to be a winning combination and the strategy, TDT (1995), was widely welcomed. In addition, the strategy sought to address criticisms of the previous attempts to work in an inter-agency way with regard to the substance misuse issue and thus it incorporated high level support, central oversight of the strategy and clear expectations about delivery. Evaluations of component parts of the strategy (Williams 1998; Duke and MacGregor 1997) indicated that the basic structures were functional and could be built on; it appears that New Labour took this advice on board when devising their own strategy.

New Labour also acted in accordance with an analysis which emerged from the Labour benches during the 1980's and 1990's, and this was to draw a stronger link between drug use and crime and drug use, deprivation and the impact on communities. The strategy was, therefore, able to fit in with New Labour's wider moral emphasis on personal social responsibility and ideas of communitarianism.

No-one at this point questioned the need for a drug strategy; it had, by then, become an important part of the fabric of social policy ideas and as such was

embedded in the moral thinking and strategic plans for implementing social change (Blair 1998).

Changing analysis of social factors 1998-2004

Tackling drugs under New Labour- a 'new angle'

New Labour needed a 'new angle' (Hellawell 2002:295) on drugs policy and whilst Tackling Drugs To Build a Better Britain (TDTBBB, 1998) shared many similarities with Tackling Drugs Together (TDT, 1995), it contained those 'new angles' too. It brought in a Drugs Czar, an increased emphasis on treatment, an enhanced role for DATs and a new emphasis on social and environmental factors.

The appointment of a Drugs Czar[62] was a direct borrowing from the US. Keith Hellawell described the telephone call he received seeking his 'thoughts' on the creation of such a post prior to the election:

'During the lead up to the 1997 General Election I received a call at home from one of Tony Blair's personal aides..."Tony's giving a speech on drugs in Aberdeen tomorrow," she said. "He's looking for a new angle, and would like to say that if he's elected he'll appoint a Drugs Tsar. What would be your response?" (Hellawell 2002:295)

Hellawell reported that he knew of the mixed experience of such an office in the USA and so asked what the role would entail, only to be told:

'We haven't got that far yet. We just want to know if you would support the idea or not?' (Hellawell 2002:295)

He duly applied for the post once New Labour were elected and took up post on 5 January 1998. As Druglink wrote:

[62] The title was in fact the UK Anti-Drugs Coordinator but the post was commonly referred to as the Drugs Czar, also sometimes spelt Tsar.

'It came as no surprise...but on 14 October Keith Hellawell was anointed as Britain's first Drug Czar' (Druglink 1997).

Hellawell had been around the drugs world for some time and sat on the ACMD. As Chief Constable of West Yorkshire he had also acted as spokesperson for the Association of Chief Police Officers (ACPO) on drug issues.

The need for a Drugs Czar to drive forward the strategy was, at the time, debateable and New Labour's apparent 'discarding' of the Czar by 2002 may lend credence to this view. The Czar was to have '*no new resources...no specific powers to change or challenge practice or resources*' (Druglink 1997) and thus it was an unusual appointment; it combined seniority and powerlessness, a fact which Hellawell reflected on in some detail in his autobiography – The Outsider. Nonetheless in his personal statement supporting TDTBB (1998) the Prime Minister, Tony Blair, had linked his determination '*to tackle the drugs problem*'[63] as the reason why he had made the appointment.

Hellawell was also joined by a Deputy, which had not been anticipated. The appointment of Mike Trace, who emerged from work in the treatment sector, led some to conclude that there was a visible attempt to be seen to 'join' the crime and treatment divide so often described in the drug world. From the beginning, commentators such as Anna Bradley, head of ISDD at the time, commented:

'The difficulty inherent in making the entire drug field develop and hold to shared objectives and budgets should not be underestimated.' (Druglink 1997)

[63] Tony Blair A Personal Statement 27 April 1998: cm3945.

The Drugs Czar was responsible for coming into government, reviewing the outgoing drug strategy (TDT, 1995) which was due to finish in 1998 and reviewing the resources and focus necessary for the next strategy. Hellawell described this process and how, once appointed, he discovered that it seemed impossible to discover just how much was spent on drugs, how many people received treatment and exactly what was being undertaken. This was despite the fact that the strategy was to build on the previous one, TDT (1995), which had been in existence for some three years. As highlighted that strategy had been specifically developed with the ability to monitor outputs, measure progress against the strategy and report against nationally agreed KPIs for both DATs and individual organisations. The absence of detail and the drive to achieve it led to some difficulties for the Czar and Hellawell described the attempt to obtain information thus:

'In order to bring about change, I needed to identify exactly what was happening and establish how much money we were spending on the problem; this proved to be more difficult than I expected, first because of paucity of information, but principally due to obstruction from civil servants' (Hellawell 2002:299)

Hellawell considered that placing someone so highly in a semi-government position with direct responsibilities for policy, may have been interpreted as offering a challenge and a threat to senior civil servants (Hellawell 2002:299, 300 and 301). He gave a detailed account of this poor relationship and this may have contributed to his later isolation. However, as noted in Chapter 2, New Labour Ministers such as David Blunkett (2006) have described similar issues with regard to accessing information and dealing with civil service staff (in particular senior staff) on occasions and thus Hellawell's difficulties may not have been related to the unusual nature of his position, but might, in part, be due to nothing more than attempts to exercise power and obtain information within large bureaucratic organisations, or central government. Nonetheless, the difficulties in obtaining information and thus evidence about implementation were undoubtedly instructive and it is probable that this was

influential on the re-drafted strategy Tackling Drugs To Build a Better Britain (TDTBB, 1998).

TDT (1995) had been designed with implementation and monitoring in mind. What appears to have been found however was that the KPI's and information obtained were not specific enough. It would seem that the result was that performance monitoring came to play an even greater role than in the previous strategy.

A moral engagement – respect, communities, drugs and crime

Another part of the 'new angle' taken by New Labour with regard to the development of their strategy was their analysis of substance misuse issues. The result was a more explicit emphasis on social and environmental factors. These were approached from an ideological perspective which placed philosophies focussing on communities at their heart; ideologies which were linked to communitarianism and those placing an emphasis on personal and social responsibility were particularly influential:

'*Respect is a simple notion. We know instinctively what it means. Respect for others - their opinions, values and way of life. Respect for neighbours; respect for the community that means caring about others. Respect for property which means not tolerating mindless vandalism, theft, and graffiti. And self-respect, which means giving as well as taking.*

Respect is at the heart of a belief in society. It is what makes us a community, not merely a group of isolated individuals. It makes real a new contract between citizen and state, a contract that says that with rights and opportunities come responsibilities and obligations.[64]

This emphasis directed by the Prime Minister himself has been reinforced since 1998 and can be seen to permeate the TDTBBB (1998) strategy and in

[64] Tony Blair Sunday November 10, 2002 The Observer from Guardian Unlimited website 2004

particular responses to drugs and crime. Environmental and social factors and community issues were particularly linked to the issue of drugs and crime. This was a change from the TDT (1995) strategy which had argued (as we have seen) that it was a '*matter for conjecture*' (TDT 1995:54) whether social and environmental factors were more or less relevant than personal inclination as causes of drug misuse. Linking social and environmental factors, personal social responsibility and community issues meant that the issue of drugs and crime also became a more central concern; crime to fund drug use, the impact of crime on poor communities and in addition the prevalence of drug users in the criminal justice system and the criminal justice system as a way to access drug users and divert them into treatment. As discussed some Labour MPs (for example, Barry Sherman) were trailing similar ideas in the House of Commons debate in 1989. In 1998, just over ten years later, they were drawn on again as features of drug use by Tony Blair in his personal statement in support of the TDTBB (1998) strategy. In his statement, Blair said that '*the fight against drugs*' is a '*part of a wider range of policies to renew communities and ensure decent opportunities...*' This was a '*fight*' which was '*not just for the government*' but for '*everyone who cares about the future of our society*'. [65]

The ideological analysis which linked crime and drug use was supported by research which had been funded as a part of the overall development of drug policy which led to the TDT (1995) strategy. This research was known as the Effectiveness Review and it had been commissioned in April 1994 by the Conservatives as part of the development of the strategic response to drug misuse; the intention was to look at evidence about the effectiveness of drug treatment approaches. It was comprised of '*people from a wide range of backgrounds to reflect Ministers' wishes that the review should bring a fresh perspective to the treatment of drug misuse*' and not simply reflect the views of '*the drugs lobby,* a *self-interested professional provider interest*' (MacGregor 2006:404). The review which was published in May 1996 concluded that 'treatment works' which MacGregor (2006:405) has suggested

[65] Tony Blair A Personal Statement 27 April 1998: cm3945.

was a direct counterpoise to the popularised political phrase 'prison works'. In this sense, the review supported an approach which incorporated and funded treatment as a way of effectively combating drug use and which took a social and environmental focus. Research from the National Treatment Outcome Research Study (NTORS: 1996) which had formed a part of the review suggested that a substantial number of drug users were funding their drug use through offending and this appeared to provide explicit evidence of a 'direct' link[66]. This cohort study of a thousand drug users began in 1995; its findings suggested a treatment effect which was to reduce criminal activity and, by 2001, they reported that improvements noticed at year one were:

'*...maintained at the 2 year and 4-5 year follow-ups. Many of the greatest reductions in criminal activity occurred among the most active offenders.*'(Gossop et al. 2001:3)

Thus the approach undertaken by New Labour in 1998 was, in part, supported by research evidence which at that time was emergent and the emphasis would be subsequently strengthened over the period; this linked drug use and criminal activity and made the assumption that attempts to fight crime needed also to tackle drug use. New Labour used this 'evidence', as a '*validation of the ethos and direction of the government's new drugs strategy...*'[67] Of the four main findings highlighted in a press release by Tessa Jowell from the Department of Health about the findings from the third NTORS Bulletin (1998) three highlighted gains made as the result of treatment and the fourth drew on the '*savings to society*' which resulted from a reduction in criminal activity following treatment – it used what came to be a powerful and often quoted figure:

'*The estimates suggest that for every extra £1 spent on drug misuse treatment, more than £3 is saved on costs of crime*'.[68]

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[66] Whether drug use and crime are causally related or co-existing factors is the subject of considerable academic and practice based debate.
[67] Tessa Jowell 27 April 1998 Department of Health News Release
[68] Tessa Jowell 27 April 1998 Department of Health News Release

A partnership approach

The new drug strategy retained the notions of 'partnership' and their embodiment within those strategies, DATs. Ann Taylor described a '*partnership approach*' as '*essential*'[69] and linked this to consistency of message and action across the whole range of government, statutory and voluntary sector agencies, as well as community groups and individuals. Partnership was, therefore, seen as integral to the structure of the strategy, and the way in which the policy would function across the whole social policy spectrum. The introductory pages which highlighted the key elements of the strategy, laid out '*the problem*', '*the vision*', '*partnership*' and '*resources*': the notion of partnership was, therefore, both integral and significant within the strategy and this was linked both to central government arrangements and to localities, with DATs described as:

'*...the critical link in the chain, ensuring that the strategy is translated into concrete action*' (TDTBB 1998:3).

TDTBBB (1998) was to also significantly add to the 'power' exercised by DATs through their increased control of budgets and spheres of influencing other purchasing mechanisms, such as joint commissioning. This is considered in full detail later in the chapter.

Moving from TDT to TDTBBB

There was clear acknowledgement that TDTBBB (1998) built on and learnt from TDT (1995), which was described as '*the first genuinely strategic response in England to the complexities of the drugs problem*' (TDTBB 1998:9). The cross party support which it received was also said to have been contributory to the '*coordinated approach*' which had been sustained and it was highlighted that as:

[69] Ann Taylor Statement on TDTBB to House of Commons 27 April 1998; printed speech as distributed with news release package by Cabinet Office Press Office

'...all 88 of the tasks required in that White Paper have been completed (this) *indicates good progress.'* (TDTBB 1998:9)

The implication was, therefore, that progress had been able to be monitored, but perhaps not as thoroughly as key players might now wish. The criticisms which the new strategy levelled at TDT (1995) were that it had been too focussed on '*structures rather than results*', and had a lack of focus on '*other social and environmental factors*'; further it had advocated partnership '*without making sufficient structural and fiscal changes to support it*' and that it was '*too short term*' (TDTBB 1998:9).

The key criticisms clearly reflected New Labour's concerns with the impact of drug use on communities and the perceived link with inequality and social and environmental factors. Additionally, it was important that they could evidence progress and engage the public through the dissemination of what had been achieved (Mowlam 2003). Consequently, there was a perceived need to focus on structures and resources which would enable evidence to be collected and ensure that it was possible to communicate the results. A requirement of the new strategy was that it be structured to allow this to happen.

Tackling Drugs to Build a Better Britain 1998-2002

The strategy

The new strategy was launched on 27 April 1998 and was devised as '*a ten-year strategy precisely because of the complexity of the problem*'[70]. The news release prepared for its announcement used the language of action and toughness. It heralded '*piloting drug treatment and testing orders for offenders*' and reducing drug misuse with an emphasis on *'shifting resources away from reacting to the problem to preventing it...*'[71]. Thus, prevention too was linked to crime and engagement with offenders, as well as educational interventions targeting young people.

[70] News Release 27 April 1998 CAB 107/98
[71] News Release 27 April 1998 CAB 107/98

Of the '*facts*' listed about drug misuse the focus was on cost and scale and the '*key objectives*' listed reductions in access to and use of drugs; what both series of bullets also included was an emphasis on the links between drug use and crime and two of the four key objectives included reducing drug use amongst offenders and increasing their participation in treatment.

The new strategy was explicitly linked to TDT (1995) by Ann Taylor in her statement to the House of Commons. She outlined that '*much has been done in recent years*' and that TDT (1995) had been '*an important step forward*' and drew '*in particular*' on the existence of DATs as an illustration of this. She saw however, that '*the problems...remain acute*' and suggested that a '*more strategic response*' had been required based on a '*rigorous assessment of the problem, of what works and of what needs to be done to have a real impact*'[72].

Although TDTBBB (1998) continued to say, as TDT (1995) had done, that there were no '*easy answers*', the '*vision*' which it promulgated was that drug misuse was located within a wider social policy context:

'*Drug problems do not occur in isolation. They are often tied in with other social problems*.' (TDTBBB 1998:2)

The link from this policy to other social policies was therefore explicit and often reiterated; for example the Prime Minister referred to how the new drug strategy was connected to a *'wider range of policies'* and the opportunity *'to renew our communities...*'[73]. This also demonstrated once again how drug misuse was placed within the context of social inequality and that this was consistent within the various ways in which the strategy was promulgated – thus within the strategy itself, and the news releases and speeches surrounding the launch.

[72] Ann Taylor Statement on TDTBB to House of Commons 27 April 1998; printed speech as distributed with news release package by Cabinet Office Press Office
[73] 'New Drug Strategy Published' News Release 27 April 1998 CAB 107/98

The change in emphasis between TDT (1995) and TDTBBB (1998) was not confined to a sense of drug misuse as a social and environmental problem, but also concerned with a heightened sense of danger and of '*...threat to health, a threat on the streets and a serious threat to communities...*' (TDTBBB 1998:2) The Prime Minister referred to the '*fight against the evil of drugs...*'[74] in a cabinet press release, and in his personal statement at the start of the strategy he talked about '*the vicious cycle of drugs and crime which wrecks lives and threatens communities*' (TDTBBB 1998:1). This is palpably different from TDT (1995) where the emphasis had been on presenting a calm and non-judgemental response to '*containing the drugs problem*' which it too had acknowledged was a long term issue, to which the Prime Minister (John Major) attached '*a very high priority*' (TDT 1995: V) and which involved government, individuals and communities. TDT (1995) had discussed the link with crime and the impact on communities, but had done so in annex A on page 38 of the strategy; in TDTBBB (1998) the link was drawn on page one by the Prime Minister. It is not, therefore, that the language, issues or context were entirely new in TDTBBB (1998), it was the emphasis which changed; an emphasis on threat and danger and the 'wrecking' of communities. There was also a reduced concern with individual drug users and an increased sense of the drug user as a threat, an underminer of communities whose drug using behaviour was linked to other anti-social and criminal behaviour. Related to this, there was a more explicit focus on the drugs which '*...cause the greatest damage*' such as '*heroin and cocaine*' (TDTBBB 1998:3). Overall, TDT (1995) can be read as a discussion document which presented arguments for its viewpoint and gave reasons why it was taking this approach. TDTBBB (1998) tells the reader what the problem is and what must be done; responding to drug misuse is no longer a debateable policy option, there is clear and signposted direction[75].

[74] 'New Drug Strategy Published' News Release 27 April 1998 CAB 107/98

[75] For example, comparable sections on prevention, young people and drug misuse in the two strategies highlight this – see in particular TDT 1995:16:3.5 and TDTBBB 1998:13

The TDTBBB (1998) strategy had four elements:[76]

1/ Young people – to help young people resist drug misuse in order to achieve their full potential in society
2/ Communities – to protect our communities from drug related crime
3/ Treatment – to enable people with drug problems to overcome them and live healthy and crime free lives.
4/ Availability – to stifle the availability of illegal drugs on our streets.

Three of the four objectives referred explicitly to crime or illegality even though two of the elements are ostensibly about treatment and communities. The 'underlying principles' of the strategy were described as '*integration, evidence, joint action, consistency of action, effective communication and accountability*' (TDTBBB 1998). Integration was defined as recognising that '*drug problems do not occur in isolation*' and the link with inequality was again directly made. The strategy was, as noted, explicitly connected to the other government strategies aimed at combating social inequality, and the Social Exclusion Unit was specifically mentioned.

Thus, although the Strategy was attributed to the Czar, there was a clear and identifiable link with themes related to Labour's analysis of the drug problem over the preceding years and with New Labour's analysis of the social policy setting; namely the issues of social exclusion, the impact of crime in general and on poor communities in particular and individual and social responsibility. The appointment of a Czar who came from an impoverished background and who had clearly been driven to 'achieve', may, when combined with his professional background as a police officer, have seemed bound to serve to reinforce and enhance their own analytical and policy position. As such it may have also seemed likely to enhance the appearance and fabric of the Strategy. In some ways, Hellawell may have seemed an embodiment of New Labour's social policy analysis of what was possible with the right level of social policy development and implementation.

[76] Directly quoted from Tackling Drugs To Build a Better Britain – the Government's ten-Year Strategy for Tackling Drug Misuse April 1998 CM3945

Noel Towe, a seasoned commentator from the drug scene at this time[77], wrote for a European audience about the Strategy and explicitly developed the link between drug misuse and social inequality. He suggested that this would be achieved by coordinating '*the activity of government departments*' and confronting '*the problem on a national and international level as well as supporting the work of the DATs*'. He went on to describe the work of the 108 DATs in England as:[78]

'*identifying the problems associated with drugs and developing plans to deal with those problems. Each DAT...submits these plans to the Cabinet Office Anti Drugs Co-ordination Unit which oversees the strategy.*'

He went on to discuss how the English strategy could influence the European one for 2002-4 and talked of a European acknowledgement that there should be less concentration on the supply side and more concentration on demand reduction, as had occurred within TDTBBB (1998). He suggested, furthermore, that there was also within Europe an:

'edging...towards a strategy on illicit drugs that recognises the links with the social exclusion agenda' (Towe 1999).

Thus, it would seem that there was a change in both the English and European strategies which included a new willingness to embrace environmental and social factors in the analysis of the causes of drug misuse and the subsequent strategies for action. The theme, however, was one

[77] Noel Towe, Policy Officer for the Local Government Association and expert advisor to European Union's Committee of the Regions and Economic and Social Committee Paper for EU 1999 accessed from DrugScope website 2004: www.drugscope.org.uk

[78] Towe (1999) European Union's Committee of the Regions and Economic and Social Committee Paper for EU 1999, accessed from DrugScope website 2004: www.drugscope.org.uk

The number of DATs varied in England according to the boundaries operated – for example whether they followed Health Authority boundaries, or when they changed to follow Local Authority ones.

linked to the rhetoric of 'tough on the causes of', but also tough on the actuality of crime. Ann Taylor stated that:

'*Action will be comprehensive, combining firm enforcement with prevention. It will be linked to our wide reaching programme to get people off benefit and into work, with reforms in the welfare state, education, health, criminal justice and the economy and with work to tackle social exclusion.*' [79]

A clear and explicit link was made between drug misuse and social exclusion issues by New Labour, which, as they pointed out in their introduction to the strategy was new. This clearly identifiable difference in analysis can be traced throughout the debates of the 1980's and 1990's as we have seen. However, it was not linked to a desire to excuse or explain drug misuse, criminal or anti-social behaviour as a result. There was a sense that poverty, poor housing, unemployment and lack of access to adequate education and health was not an excuse for drug misuse and that strategies aimed at combating these would not offer these as potential sources for doing so. Additionally, it drew on the theme of personal responsibility, which had previously been highlighted by Conservative MPs such as Ann Widdecombe. In so doing, the themes of degeneration, regeneration and a need to re-focus on a moral agenda which were present across New Labour's social policy spectrum were also to be found in the drug strategy; again an indication of how well the Strategy had become integrated within the wider social policy agenda.

New Labour thinking which associated economic and social deprivation with issues of personal and social responsibility was often linked, especially in the early period following the election, to the fact that 'the drugs problem is

[79] Ann Taylor Statement on TDTBB to House of Commons 27 April 1998; printed speech as distributed with news release package by Cabinet Office Press Office

complex'[80]. This complexity was usually subsequently joined to a need for a 'partnership approach':[81]

'Because of the complexity of the problem, partnership really is essential at every level.' (TBBB 1998:3)

Over the next five years an increased emphasis on the responsibility of the individual and the destructiveness of the drug user, especially where drug use was linked to crime (Stimson 2000) and an increased emphasis on the 'moral' agenda can be seen to emerge in the Updated Strategy (2002).

A cross departmental approach

As highlighted, New Labour referred to the difficulties of dealing with drug misuse, as the Conservatives had, by referring to the 'complexity' of the issue. TDT (1995) had taken a cross-departmental and inter-organisational approach which brought together the various strands of social and penal policy in order to ensure that the issue could be tackled broadly enough. However, earlier criticisms of previous inter-agency fora (Howard et al. 1993) had, as we have seen, highlighted the fragmentary and insufficient responses which could result from this type of approach and suggested that work needed to be better coordinated and receive attention from the centre of a sufficiently high level. TDT (1995) had attempted to tackle these issues through the creation of the DATs, and other attempts included the DPI and the CDCU, and the personal interest of the Prime Minister, John Major and the concentrated efforts of Tony Newton. When evaluating the impact of TDT (1995) and seeking to gather evidence for the new strategy the Czar and his deputy had, however, purportedly found gaps in knowledge and had been unable to identify what was done by whom, when and for what cost (Hellawell 2002:299). The new strategy sought to directly address these issues by

[80] Ann Taylor 1998 TDTBBB Speech launching the strategy in the House of Commons. Hansard.
[81] Ann Taylor 1998 TDTBBB Speech launching the strategy in the House of Commons. Hansard

continuing with the inter-departmental (if renamed) and inter-organisational approach, but also sought to ensure that the reporting mechanisms to the centre were strengthened. Thus the news release for the publication of the new strategy referred explicitly to these issues:

'The White Paper "Tackling Drugs to Build a Better Britain" is a new cross-Government approach to a complex problem.[82]

In the bullet points which followed the importance of target setting and evidence was also drawn out. In her speech to the House of Commons Ann Taylor highlighted that:

'*The drugs problem is complex. It has many different aspects which require responses at different levels. Responsibility for action lies with many different Government Departments, statutory services, voluntary agencies, businesses, community groups and individuals.*'[83]

This point was linked to the fact that it was considered that '*action is patchy, uncoordinated, short-term or based on inadequate knowledge of what works or what others are doing*'[84]. TDTBBB (1998) highlighted the weaknesses in TDT (1995) which included a lack of bringing together '*common research, information and performance bases*' (TDTBBB 1998:9). Nonetheless, it also cited as an 'important development' the:

'*Strengthened links between a wide range of agencies, working together to achieve collaborative goals on drug prevention/education and enforcement – an approach confirmed by recent reports from the statutory Inspectorates...*' (TDTBBB 1998:9)

The importance of the cross-departmental and inter-organisational approach was both accepted and drawn out as a direct need in order to deal with the

[82] 'New Drug Strategy Published' News Release 27 April 1998 CAB 107/98
[83] Ann Taylor 1998 TDTBBB Speech launching the strategy in the House of Commons.
[84] Ibid

'complex' social policy issue; this demonstrated direct continuity with TDT (1995). However, an important feature was the need for an increased emphasis on evidencing impact - performance monitoring.

Prime ministerial attention and a focus on delivery

As discussed previously, a criticism levelled in the past at inter-agency attempts to tackle drug misuse and which TDT had sought to address, was a lack of attention from the centre to progress in localities. In particular, it was suggested that attention from the highest level had been absent. TDTBBB (1998) again sought to learn from these criticisms and to follow the example TDT (1995) set. The new strategy opened with an address from the Prime Minister – which was headlined as a Personal Statement. This outlined how he was '*determined to tackle...*'(TDTBBB 1998:1) drug misuse and drew out how this was linked into the wider social policy issues and the broader agendas of communities, modernisation and welfare reforms. He stamped his authority on the whole issue by making it clear that he had appointed the Drugs Czar as a sign of his determination to '*tackle the drugs problem.* (TDTBBB 1998:1). The Prime Ministerial statements in the two drug policies in 1995 and 1998 were not wholly dissimilar, both drawing on ideas of the greater good, but the emphasis was different. In TDT (1995) the presentation from John Major was focussed strongly on cooperation and the strategy as a response to '*constructive advice*' (TDTBBB 1998: V); that from Tony Blair concentrated on the harm of drug misuse, the wider social policy context and his personal authority.

Partnership – Drug Action Teams

Drug Action Teams had been created by the TDT (1995) White Paper and TDTBBB (1998) stated that:

'*The creation and development of* ***Drug Action Teams*** *(original emphasis) and their Reference Groups ... had been very encouraging, with substantially*

greater cohesion of effort and sharing of resources amongst health and local authorities, criminal justice agencies and other key players, agreed action plans and better prioritisation of local needs.' (TDTBBB 1998:9)

As an endorsement of the continuation of the approach it was, therefore, substantial. In addition, (in the news release to announce the strategy), Ann Taylor was quoted as saying that the strategy had '*partnership and common purpose at its heart...*'[85] In her speech to the House of Commons she described the '*partnership approach*' as '*essential*' because of the complexity of the drugs problem and the involvement of '*many different*' agencies; as a result she drew out the role of the DATs '*who will be responsible for implementing the strategy on the ground*' and who would work in conjunction with the Drugs Czar who would link local and central issues ensuring that '*anti-drugs work is relevant and effective.*'[86] The Drugs Czar himself says in his memoirs that:

'*We were determined to ensure that our community based programmes were co-ordinated and delivered adequately at a local level...DATs had been created for this purpose under the previous Conservative Government, and now they came under my responsibility. They comprised the heads of the local police, health, education, social services, prisons and the local authorities. My initial impression was that they were little more than talking shops: although highly committed people they had little direction and were uncertain what they were supposed to do. This was a huge waste of potential...*' *(Hellawell 2002:323)*

It is not clear if this reflected a government view at the time, as DATs are an area which the TDTBBB (1998) strategy picks out as a success for TDT (1995); and for which, it was suggested, that there was evidence they had successfully achieved '*greater cohesion of effort and sharing of resources*' across '*key players*' than had heretofore been the case (TDTBBB 1998:9).

[85] 'New Drug Strategy Published' News Release 27 April 1998 CAB 107/98
[86] Ann Taylor 1998 TDTBBB Speech launching the strategy in the House of Commons – as released by news release to launch the strategy

Therefore, although Hellawell's comments may represent feeling at the centre, they might also have been motivated by his own wish to appear to bring about change within the DATs, for he continues:

'*Together we developed a much more focussed agenda, which included setting performance indicators, targets, annual plans and reports which mirrored mine at national level.*' (Hellawell, K 2002: 323)

Thus, as with the strategy overall, it may have been that in the first three years of TDT (1995), DATs achieved an unprecedented coordination of effort at a local level on drugs issues, but that it had not been possible for effort to be as fully recorded as the centre wished. The next stage therefore which was begun by TDTBBB (1998) was to refine and increase the level of performance monitoring which was undertaken. This highlighted and underlined the determination to ensure implementation of the drug strategy and to see DATs as the partnership conduit through which to achieve this. The role of DATs was therefore essentially unchanged by TDTBBB (1998). They remained central to the strategy and to local implementation as they had been under TDT (1995); they were to continue to be the principal means of communication between the centre and localities on drug issues and the means by which action would be taken locally.

In addition DAT partnerships were expected to '*link up*' with the other '*local partnership initiatives*' (TDTBBB 1998:32) which went across the social policy spectrum. This was in line with the exhortations outlined elsewhere in TDTBBB (1998) which saw drug misuse as a complex social policy issue which had to be tackled through a number of pathways. The strategy made it clear that there was a need for 'a *continuing focus on local drugs problems*' and that other '*social partnerships*' should '*contribute to that work*'(TDTBBB 1998:32). Simultaneously, therefore, drug misuse policy became integrated into the wider social policy domain in a way that had not been achieved previously.

DATs, funding and performance management

TDTBBB (1998) highlighted that the earlier strategy had '*advocated partnership without making sufficient structural and fiscal changes to support it' (TDTBBB 1998:9)* and thus it suggested that these would now be further developed. As a part of the announcement of the new strategy, Ann Taylor described how a *'detailed resource framework'* would be announced later in the year. This was to demonstrate that the *'Government had shown its commitment to resources for fighting drugs'*. She stated that this had entailed reversing proposed cuts to customs staff and also included:

'support from the SRB for 44 projects which include the prevention of drug misuse as part of their objectives[87].

Once again in this sentence an explicit link is made between action against drug misuse, community based projects and strategies aimed at social exclusion and poverty. There was also the provision of demonstrable and significant sums of clearly allocated monies. The new strategy acknowledged that TDT (1995) enabled 'increased collaboration on resources', but stated that spending thus far 'is considerable but poorly coordinated'[88]. It detailed how expenditure in 1997/8 was estimated at £1.4.billion, in comparison with £500 million in 1993/4. It suggested however that this was probably the result of a better and more accurate assessment and that most of the costs were enforcement related. What was proposed was a more strategic targeting of resources. It also stated that an:

[87] Ann Taylor 1998 TDTBBB Speech launching the strategy in the House of Commons – as released by news release to launch the strategy.
[88] TDTBB Strategy Document 1998:30

'*announcement of funding will be made later in the year, following the outcome of the Government's Comprehensive Spending Review.*' (TDTBBB 1998:30)

Structural and fiscal changes were, therefore, seen as key to the implementation of the strategy in a way which sought to acknowledge past learning and thus seek to avoid repeating similar mistakes. The attention given to this area was explicit and a whole section of the new strategy was devoted to the resourcing and management of the work. Within this section the role of the DATs was stated as:

'*the principal mechanism by which agencies will develop the resource partnerships outlined ... and will assess regularly whether the spending plans and projected outcomes of all agencies represented on them are aligned explicitly to the new strategy.*' (TDTBB Strategy Document 1998:32)

The increased levels of funding were driven by spending reviews at the centre. DATs became nominally responsible for these budgets (a role which they had not previously held) and this was an area of significant change. Incrementally, this role expanded to one which, it might be argued, changed their focus from co-ordination to direct control and commissioning. The impact of this might be seen to significantly influence their development and lead to their later increasing bureaucratisation.

Evidence of this can be found within TDTBBB (1998) which added that the DATs should ensure locally that expenditure was monitored for value for money 'against outcomes' and that securing partnership funding should be given 'high priority'(TDTBBB 1998:32). Thus the DATs' role became one which included local coordination of activity on drug misuse issues and more explicitly a mechanism through which performance monitoring activities could be channelled. The activities of local agencies could be monitored against nationally set objectives, and these individual agencies could be held to collective account through the DAT whose success might be judged against

their commitment and activity. It is possible to trace the development of the 'control' function of the DATs, who were increasingly required to 'report' on the activity, achievements and spending plans of their constituent, partnership, organisations. In so doing they were also required to develop the mechanisms necessary to achieve this. The detailed nature of this reporting and the ability of DATs to achieve this in a climate of almost constant change and re-organisation was reflected on by Dale-Perrera:

'*While all this is going on DATs are now required to submit treatment plans for ratification by the UKADCU and Drug Prevention Advisory Service.*'(Dale-Perrera 2001:19)

This quote also alludes to the growth and strengthening of a network of new 'organisations', such as the Drug Prevention Advisory Service (DPAS)[89], part of whose brief was explicitly to monitor the implementation of a centrally directed strategy at a local level; DPAS, therefore, provides proof of efforts to monitor and evidence implementation at a local level of the drug strategy. As it may be recalled, on the launch of the strategy the Chief Executive of the ISDD (Anna Bradley) had commented that '*the difficulty inherent*' in bringing together and to account agencies and organisations across the drugs field '*should not be underestimated*'[90]. It is perhaps unsurprising, therefore, that mechanisms were developed through which this could be achieved.

The link between resourcing, monitoring and evidencing outcomes was, as we have seen, a feature which was present in TDT (1995) but which was significantly strengthened in TDTBBB (1998). Thus, there was a clear and overt intent to resource the strategy and ensure that it was possible to account for those resources publicly through the development of monitoring systems which could accurately reflect outcomes. Ann Taylor when announcing TDTBBB (1998) had emphasised the importance of a targeted

[89] DPAS was a reorganisation and expansion of what was formerly the DPI.
[90] Anna Bradley Drug link November / December 1997 ISDD

drug strategy, and stated that the importance of ensuring that the '*structures, resources and performance mechanisms*' are right, is to ensure public accountability and '*dispassionately and objectively track progress*'(TDTBB 1998:11). The whole structure of reporting and accountability created was closely related to the spending of identified monies. Hellawell described the change:

'*DATs were also given more control over spending, an initiative resisted by civil servants in Whitehall. These groups of people are now a powerful link in implementing the drugs strategy in the UK...*' *(Hellawell 2002:323)*

TDTBBB (1998) went further in making explicit the link between reporting, accountability and resources when it described how:[91]

'*DATs must develop as the mechanism for ensuring local resource collaboration in line with this strategy. Their corporate plans will provide the benchmark for distributing resources from 1999/2000 onwards.*' (TDTBB 1998:33)

TDTBBB (1998) focussed on implementation, evidence of implementation, providing the funding and 'proving' that the resources were wisely used, and this was clearly linked to DATs and expectations on them to be able to deliver the drug strategy. Thus DATs become key factors in the delivery of an important strategy for New Labour. In addition, they are an early example of the partnership mechanism which was expanded by New Labour across the social policy spectrum. Because of the significance given to delivery and their key role, DATs became subject to performance management systems which became increasingly sophisticated over this period. The link between DATs and implementation is explicitly stated within the strategy:

'*Drug Action Teams ... have worked well in most parts of the country in forging partnerships against drugs amongst the key local agencies. The time*

[91] TDTBB Strategy document CM3945 1998:33

is right to step up a gear in relation to this partnership activity, so that a sharper focus is brought to bear on implementing this strategy.'(TDTBBB 1998:32)

The role of DATs as the implementation arm of the strategy is explicit. They became both the strategic coordinator of all activity aimed at combating drug use at a local level, the principal mechanism for communication between the centre and localities about this work and the means through which expenditure was channelled, monitored and outcomes reported. Their role was therefore strategic, but one also concerned with resourcing and monitoring anti-drugs activity and about implementation of the aims - working with communities to reduce drug related crime, assisting young people to resist drugs, facilitating treatment which helped people to overcome drug problems and reducing crime and stifling availability of drugs on the streets. It is perhaps, therefore, of no surprise that post-TDTBBB (1998) DATs expanded significantly and became much larger bureaucratic structures.

Performance management and evidencing implementation

TDTBBB (1998) was a strategy designed for and ultimately concerned with implementation, as we have seen above. This centrally driven and controlled policy needed to be able to be implemented at a local level and TDT (1995) created the structures through which it was anticipated implementation would be achieved: DATs. It was also important to find mechanisms by which New Labour could evidence 'results' which were tangible and publishable. In essence, this led initially to the adaptation of existing structures such as DPAS which took up the mantle of liaison and performance management alongside the UKADCU which was a 'transformed' CDCU. Eventually it led to the creation of new structures such as the National Treatment Agency (NTA: 2001) whose remit was very clearly concerned with performance monitoring the strategy and DATs. There was an inherent tension between the ad hoc, devolved and regionalised structures and the concepts of performance management. This tension arose from the need for 'control' of organisational performance (Otley 1999) signified by performance management and the

rhetoric of dialogue between the centre and localities which devolution, regionalisation and partnership suggested. This area has been considered in Chapter 2 and has been given some attention in other areas of recent social policy under New Labour (Davies 2005; Newman 2001); it has, however, received very little attention with regard to drug policy.

In the period between New Labour taking power and the creation and adoption of TDTBBB (1998) there had been (as we have seen) a review of activity and achievements by the Drugs Czar, his deputy and government departments. This exercise appeared to show that information about actions against the strategy were not detailed or robust enough and it is probable that this too influenced the development of the new strategy. In addition, the focus on implementation and evidence explicitly formed part of New Labour's 'modernisation' agenda (Modernising Government 1999). From the first, the intention with regard to monitoring performance was made clear by Ann Taylor in her speech to the House of Commons:

'*This year, we shall draw together clear, consistent and rigorous national* ***targets*** *against which to measure progress towards these aims. One of our early priorities will be to establish clear baselines for these targets.*' [92]

TDTBBB (1998) mirrored this emphasis with the same terms about '*clear, consistent and rigorous targets*' being used on page 3 of the introduction, alongside a statement that:

'*The performance of the Government and its agencies therefore will be readily measurable against these targets.*'

The Prime Minister in his personal statement opened with linking the strategy to the '*promise of change*' upon which New labour were elected, to the modernisation of Britain and to their wider social policy agendas. The strategy was evidence that '*we are delivering*' (TDTBBB 1998:1) on those promises of

[92] Emphasis original. Ann Taylor 1998 TDTBBB Speech launching the strategy in the House of Commons – as released by news release to launch the strategy.

change and modernisation. The placing of TDTBBB (1998) within the key wider social policy framework which included issues of regeneration, communities and modernisation made it clear why there was an emphasis on evidencing the impact of the strategy on those areas. This was made explicit on page 5 of TDTBBB which outlined the government's strategy diagrammatically. This clearly showed how the drugs agenda linked at the top into the wider social policy agendas; it then showed each aim and how it was linked to '*activity*' which would be '*implemented*' through central government and DATs and that this activity would be '*resourced*' through a variety of departmental expenditure and monies emerging from the Comprehensive Spending Review and that all of this would be '*monitored*' through the '*Coordinators Annual Report and Plan of Action; DATs reports to Coordinator, individual agencies' performance monitoring; independent evaluations.*' (TDTBBB 1998:5)

The role of performance monitoring was integral to the strategy and to its 'vision'. This was broad enough to encompass all activity aimed at delivery and to be reported on through a variety of means which were to be drawn together at the centre by the Czar. Thus, in his report the Czar outlined that within a year of launching this strategy he expected 'all agencies' to '*realign their priorities, resources and operational focus in line with this White Paper*', as well as realigning funding '*in support of the plan*' and to '*develop corporate and individual performance targets and measures.*' (TDTBBB 1998:7)

Furthermore, the strategy had a whole section devoted to '*resourcing and managing the work*' (TDTBBB: 1998:29). This section laid out how each of the principal organisations should prioritise and direct their resources and, in so doing, be guided by the principles of moving '*away from reacting to the consequences of the drugs problem and towards positive investment in preventing and targeting it...*' and that this would also guide the national Comprehensive Spending Review (CSR), alongside targeting resources on collaborative projects. For each organisation it explicitly stated how they should consider directing their resources and by which plan and performance indicators this redirection would be subsequently monitored (TDTBBB: 30-31).

This section also identified the necessity for regional coordination which would '*ensure strategic coherence*' (TDTBBB: 33) to the DAT planning processes and outlined how the ability to do this would '*provide the basis for attracting additional resources*' (TDTBBB: 33); thus regional coordination, liaison and the monitoring of performance might also have a 'carrot' in the form of additional funding.

Within this section, audit and evaluation are also included and it is explicitly stated that '*objective and rigorous assessment of the effectiveness of implementing this strategy will be a central feature of its development...*' (TDTBBB: 1998:35). The '*key components of this process*' were listed as the Drug's Czar's annual reports and those of individual DATs, but also included a wider organisational spread including '*statutory Inspectorate reports*' and '*quality indicators for the core statutory agencies*', as well as other aspects of research and evaluation. Thus the rhetoric of 'joined up' government was also applied to the performance monitoring of TDTBBB (1998). It included a focus on the directly accountable bodies such as the Czar and the DATs, but also sought to ensure that individual constituent organisations would and could be held to account through their own performance and quality indicators and Inspectorate reports.

The Updated Drug Strategy 2002

By 2002, the ten year TDTBBB (1998) strategy was being learnt from, built on and adapted, ostensibly because the:

'one single change which has affected the well-being of individuals, families and the wider community over the last thirty years is the substantial growth in the use of drugs, and the hard drugs that kill in particular. The misery this causes cannot be underestimated.' (Blunkett Home Secretary's Foreword 2002:3)

The language of the Updated Strategy (2002) is harsh about drug misuse and the social and environmental associations. Within his first paragraph the

Home Secretary suggests that drug use affects health, family and '*turns law-abiding citizens into thieves...*' (Blunkett Home Secretary's Foreword 2002:3) The link with crime is thus explicit and morally loaded; in this sense the Updated Strategy (2002) also builds on and goes further than TDTBBB (1998). Thus, one can see a slow trajectory from TDT (1995) to 2002 such that the focus on Class A drugs, the social and environmental harm caused by drug use and users and the links with crime are drawn ever more strongly. It is not apparent from any language or arguments within the strategy that the changes in emphasis arose from any particular events or significant change in drug use patterns at that time. The report acknowledges other political activity in this area such as the '*findings and recommendations of the Home Affairs Committee and the work of the Audit Commission, the ACMD, the Health Advisory Service, the Police Foundation*' (Updated Strategy 2002:6), all of which shows the range of interest in drugs misuse policy and activity and highlights how this had grown since 1995. Some of the reports were related to the progress and impact of the strategies and others (such as that by the Police Foundation) focussed on specific aspects of drug policy such as the classification categories of substances and whether there was a case for review - in particular with regard to cannabis. However, David Blunkett (as Home Secretary) suggested that '*drug misuse contributes enormously to the undermining of family and community life – more...than any other single commodity or social influence.*' It was for this reason he said, that *'getting it right matters so much...*' (Blunkett Home Secretary's Foreword 2002:3)

The strategy retained the focus on treatment, prevention and education and enforcement with 'young people' highlighted as a priority with regard to a broad prevention strategy. On page 4 the Updated Strategy (2002) laid out what was 'new', the first of which was a '*tougher focus on Class A drugs*' and specifically crack use with a '*national crack action plan*', more resources, expansion of prevention and treatment within the community and the criminal justice system and, overall, a focussing down onto '*communities with the greatest need*'. The strategy no longer sought to take a general, broad brush approach, but was focussed on the harm of drug use particularly within its social and environmental context with a sharply moral tone. This was further

highlighted on page 5 of the strategy which described how the '*unparalleled investment to tackle the harm drugs cause communities, families and individuals will be focussed in the most damaged communities.*' Further, that the '*full range of education, prevention, enforcement, treatment and harm minimisation will be brought to bear...*' (Updated Strategy 2002:5)

The strategy was focussed on an abstinence model with little acknowledgement of a harm minimisation approach; '*all controlled drugs are dangerous and no one should take them*' (Updated Strategy 2002:7). It made less of how drug misuse linked into the wider social policy programmes than had TDTBBB (1998) and so it was a less explicitly a 'joined up' approach. However, this may have been because it was more directly concerned with the links between drug use and crime, drawing these two agendas closely together – '*in view of the close links between drugs and crime...*' (Updated Strategy 2002:62). It is not clear if this arose when the responsibility for drug misuse strategies moved to the Home office in 2001, when the Home Secretary became Chair of the Cabinet Ministerial Sub-Committee on Drugs Policy, and away from the Cabinet Office. This may have been seen as the 'sign' of an institutional 'marker' being laid upon it. This is the key change between TDTBBB (1998) and the Updated Strategy (2002) and the reasons for the move to the Home Office are not entirely clear. Mo Mowlem, who had responsibility for the strategy between 1999 – 2000, described leading the Cabinet Office as difficult. She said it was hard to gain a clear sense of direction because of the addition of specific policy or action 'units' over the years which had '*grown like Topsy*' (Mowlam 2003:320); it is in this context that she described her drugs work and that of the UKADCU. She presented Cabinet Office as a myriad of responsibilities and unrelated work which had been added to over the years as a result of the interests of a particular responsible Minister. She also saw these 'layers' as added to and arising from interests of the Prime Minister (2003:314 and 320). Further, she described Prime Ministerial interest with regard to drug issues which added its own pressures during this period. She concluded that in general there was a belief that the strategy was '*all progressing ok, but new initiatives kept being added all the time*' (Mowlam 2003:321) and that this and '*the constant*

pressure to be seen to be tough on all drugs' (Mowlam 2003:322) and to produce results which '*people could see and feel*' (Mowlam 2003:321) affected progress. However she also described her inability to get '*real back up*' (Mowlam 2003:324)for example with other Ministers and the Treasury and thus described the constant '*chivvying*' over money as '*dull*' and probably attributable to her weakened political position in general and with the PM in particular. She gave as an example the fact that it '*took almost a year ... to get the money out of the Health Department for the National Treatment Agency*' (Mowlam 2003:325). Mowlam's autobiography would suggest, therefore, that work on the drugs strategy was run, up to 2001, by the Cabinet Office and that this did involve inter-departmental negotiation and collaboration, but that this was always subject to other political vagaries and pressures. It is clear that drug policy was an area where a keen Chair of the Cabinet Ministerial Sub-Committee on Drugs Policy, such as Tony Newton (Chair during TDT 1995), could take the 'opportunity' offered to a Minister with 'motivation'. However, 'resources' (Levin 1997) might be partly dependent on one's political influence, power and the support of the PM. This resulted from the PM's residual political authority and the Cabinet Office's institutional role in coordinating and joining up responsibility for issues across departments, alongside direct access to the PM; however it institutionally had little specific leverage and resources in its own right (Mowlam 2003).

More specifically, Mowlam suggested that the influence of the PM on the 'moral' position on drugs issues was strong and that there was little room for a Minister charged with responsibility for the issue to take a different view (Mowlam 2003:350). It may be, therefore, that it was for political and personal reasons that a powerful Minister close to the PM, such as David Blunkett, ultimately assumed responsibility for drug issues in 2001 following the general election and upon his assumption of the role of Chair of the Cabinet Ministerial Sub-Committee on Drugs Policy. Personal links to the PM and political power through personal, political and institutional authority may have been seen as crucial in order to drive forward an important policy. This was also a probable factor influencing the move to Blunkett, as Mowlam had found it hard, on occasions, to make progress because of access to resources: the

example being the funding of the newly devised NTA. Factors of personal and political authority may therefore have been as influential upon the decision to move responsibility to the Home Office, as an analysis of drug misuse which was now dominated by a penalogical approach. Nonetheless, the outcome in the Updated Strategy (2002) released approximately a year later, was that the Home Office was clearly flagged up throughout the document as the lead institution at the centre and there was a strong emphasis on drugs misuse within a penalogical framework. The strategy did however outline where services for young people had been developed such as the Connexions Service, Youth Offending Teams, DATs' improvements in treatment services for young people and 'Positive Futures' (Updated Strategy 2002:7); initiatives all aimed across the education, prevention, treatment and the criminal justice system. Similarly, initiatives aimed at reducing supply stressed what had been achieved internationally and the use of other policy arenas, such as the creation of the 'Asset Recovery Agency', which as the result of the Proceeds of Crime Act (2002) would allow for money made from the illegal trade in drug use to be recovered following conviction and directed back towards fighting drug use. Policing activity was also highlighted as focussed on '*areas most affected*' (Updated Strategy 2002:7).

Reducing drug related crime and its impact on communities accented the use of arrest referral schemes, Drug Treatment and Testing Orders (DTTOs), JobCentre Plus initiatives, Communities Against Drugs Action (CAD) fund and the further development of these and related schemes, such as increased drug testing on arrest and in prison. Finally, the Updated Strategy (2002) laid out initiatives for treatment to reduce drug use and minimise harm and reiterated that '*treatment works*' and quoted that £1 spent on treatment related to a saving of £3 in the criminal justice system. It outlined an expansion of treatment and that this should be able to be accessed more quickly, the creation of the NTA '*to oversee the expansion of high quality drug treatment programmes*' (Updated Strategy 2002:11) and the reduction of drug related deaths and the increase in needle exchange programmes. It was less explicit about how this related to other programmes and initiatives although the key targets set were to improve services for crack and cocaine users, reduce

waiting times overall, improve health, increase referrals through the Criminal Justice System (CJS) and improve prison based provision.

Performance Management and the Updated Strategy

The Updated Strategy (2002) laid out a delivery and resourcing plan. The targets were described as '*challenging but achievable*' (Updated Strategy 2002:60) and involved reducing:

- the use of Class A drugs;
- the frequency of use of any illicit drugs by those under 25 years;
- the availability of illegal drugs in circulation (through targeting criminal groups and recovering drug-related criminal assets);
- opium production in Afghanistan;
- drug related crime (to be measured by a reduction in the number of offenders testing positive on arrest);and
- Increasing the numbers of problem drug users in treatment by 55% by 2004 and 100% by 2008 and improving rates of retention in treatment programmes and completion.

Certainly the testimony of the interviewees for this study would suggest that these were perceived as real targets, with, for example, the meeting and achieving of those related to treatment as essential.

The strategy outlined the '*delivery mechanisms*' at both a national and regional / local level. The former outlined the '*cross-departmental* nature of the strategy and the range of government departments involved, although it made clear that overall responsibility now sat with the Home Secretary (2002:60). The performance monitoring mechanisms for the centre were spelt out as being integrated into each department's '*public service agreements and supporting service delivery agreements*' and it was made explicit that these were '*drawn up in conjunction with the Prime Minister's delivery unit and kept under regular review by Ministers and officials*' (Updated Strategy 2002:60). There was, therefore, a specified emphasis on the monitoring of

delivery which showed an apparent sophistication with how integration into the detailed workings of individual departments and policies was managed and reported. This appeared to build on the earlier strategies where monitoring through individual agencies and departments, through the use of Inspectorate reports for example, was referred to. TDTBBB (1998:31) had also stated that individual agencies '*should ensure that partnership work is reaffirmed strongly in their service plan and ...consider...the development of objectives with performance indicators aligned explicitly to the new strategy*'. Thus, TDTBBB (1998) had increased the level of monitoring expected and suggested how this should be done for individual agencies; the Updated Strategy (2002) went further by building specific expectations around performance into the key core work of each agency, which, for example for PCTs, might affect their star rating and thus funding for the whole of their work.

Furthermore, there was a clear attempt to integrate the civil service into a concern with policy delivery through the Strategic Planning Board which, it was specified, '*supports this structure at civil service official level*' (Updated Strategy 2002:60) and reflected the membership of the Cabinet Sub-Committee. Again this was a change and it might be seen to originate from an attempt to influence the orientation of the central functions of the civil service from policy development towards implementation; the autobiographies of the Drug Czar and two Ministers responsible for drug policy during this period all suggest that this was an issue with which the government needed to get to grips in order to ensure the policy delivery they sought (Hellawell 2002; Blunkett 2002; Mowlam 2003). Thus, where it had been previously clear that the role of UKADCU or the CDCU was to give administrative, bureaucratic support to the Cabinet Sub-Committee for example, the role of the Strategic Planning Board appears to have been to engage the senior civil servants in cross-departmental discussion in order to ensure their engagement and thus policy implementation.

Finally, the strategy described project specific cross-departmental groups who worked towards stated aims within the strategy, such as the reduction of

supply, and thus a group would be convened and '*chaired by a senior official from HM Customs and Excise*' (Updated Strategy 2002:61). The new arrangements at the centre more closely mirrored those at a local DAT level; the Cabinet Sub-Committee appeared to play a similar role to the DAT; the Strategic Planning Board the DAT Coordinator and team: the subject specific and 'expert' cross-departmental groups the DRGs.

The strategy also drew out the role of the newly created NTA for whom staff were still being recruited. It specifically mentioned that they had been set up in 2001 to:

> '...*ensure equality in treatment; increase the capacity and competence of the drug treatment workforce; increase quality and accountability at all levels of the drug treatment system; improve the availability of drug treatment in all areas of the country and increase the effectiveness of drug treatment.*' (Updated Strategy 2002:61)

Thus, the balance with the treatment side of the strategy was struck through the mention of the work of the Special Health Authority, and in so doing the British balance between the penal and health agendas might be seen to be maintained. But it is also obvious that the work of the NTA was to be focussed on effectiveness, accountability and delivery of the strategies aims; all key features of New Labour's modernisation agenda.

At a local level the strategy outlined that partnership remained the key factor and that this had been the case (through the operation of DATs) since 1995. Again it is specified that every '*DAT is supported by a co-ordinator*' and by '*one or more drug reference groups*', but the line of responsibility back to the centre had now changed and each DAT '*is accountable to the Home Secretary*' (Updated Strategy 2002:61). However, the mechanisms by which DATs were to account for their work was not specified in detail which was surprising and this is different from TDTBBB (1998) where there were very clear systems for the monitoring of DATs' collective performance outlined within the strategy which included a 'template' which would be '*provided by*

the UKADCU' (TDTBBB:32). The reasons why it was less explicit may have been because these sorts of activities were now expected and the Updated Strategy (2002) drew out that:

'*Each year DATs report on their work by providing statistical and qualitative data on young people, treatment, communities and supply*'. (Updated Strategy 2002:62)

Thus it may have been that providing detailed information on how collective partnership activity would be monitored was no longer noteworthy or remarkable; although it was highlighted that DATs now provided information in an electronic format which was a '*success story for the Government's e-business strategy*' (Updated Strategy 2002:62). This, once again, underlined how integrated into general government business the drug strategy was. Further, it showed the level of reporting and monitoring which was possible and the sophistication which governed the performance management of this area, such that the strategy could state that as a result of the data being provided in an electronic format there was now a database which included the '*most comprehensive local information to date on the delivery of the drug strategy and the tracking of expenditure*' (Updated Strategy 2002:62). In addition, it was drawn out that '*the NTA and other regional representatives*' would be responsible for '*setting and monitoring standards of performance and assessment of partnership plans*'. This drew out the growing importance of the regional agenda and appeared to mediate the direct link to the centre. Given that the strategy was now 'owned' by one of the powerful central departments in the cross-departmental strategy this may have been a helpful factor. It is probable that a Chief Executive of a Health Authority might have felt differently about cooperating with and reporting to a cross-departmental Cabinet Office as Chair of the DAT, than being responsible and accountable to the Home Office /Secretary in this role.

The strategy also stated that in order to '*operate more effectively at regional level*' DPAS was to be integrated into the regional Government Office structure and that this would also '*support closer links*' between the

Governments other related policy agendas (Updated Strategy 2002:61). In addition, the document drew out the '*close links*' between the drugs and crime agenda and suggested that, in order '*to reduce local bureaucracy*' and duplication and operate more effectively, '*new and closer working arrangements*' would be put in place through the Police Reform Act in the following year. This would give the police, Primary Care Trusts and Local Authorities statutory responsibilities '*to formulate and implement a drug strategy*' (Updated Strategy 2002:63). These changes appear to support a common view amongst long serving DAT coordinators who were interviewed and who believed that DATs had been under threat during this period and that David Blunkett had not supported them. It is certainly possible to read this section of the strategy as indicating the possibility of such an outcome. Of interest is that this closer integration between DATs and CDRPs was also perceived by most interviewees as a 'takeover' by CDRPs which was resisted and effectively 'seen off'. Given the new Home Office responsibility for the strategy there was undoubtedly some internal logic to such a merger; to have achieved this, however, would have placed the drug strategy at a local level (as well as at a central level) more closely within a penalogical framework and less clearly within a shared partnership approach. Whether or not this was a possibility, and despite specificity on targets and delivery, the strategy did outline that '*substantial resources*' had been made available for work against drug misuse and that this placed '*even more importance on the need for high standards of delivery*', and that this would need to be supported by '*improved systems for monitoring and evaluating progress and the use of resources; strengthening capacity; and developing a greater focus on outcomes*' (Updated Strategy 2002:63). Again this drew out the link for New Labour between policy delivery, targets, monitoring and resources.

Conclusions

New Labour post-1998 took drug policy and made it their own. They brought their concerns with implementation, evidence and performance monitoring to both of their strategies, TDTBBB (1998) and the Updated Strategy (2002). Their analysis of the causes of drug misuse strongly featured a link between

drugs and crime and this became more apparent over the period. In addition their analysis included a strong association between substance misuse and social and environmental factors and this meant that drug policy was more closely integrated into other social policies. They considerably increased the level of funding which went to tackle drug misuse and strongly linked resources to monitoring and performance; the criticism which TDTBBB (1998) made of TDT (1995) was that it had focussed on structures and failed to make available the level of resourcing required. They clearly did not wish to repeat what they saw as this failing. The trajectories of evidence, policy integration and funding would all therefore point to the likelihood of the drug strategy becoming a heavily performance managed one. It is probable that this would need to be seen to occur in order to justify resourcing and demonstrate impact.

Partnership remained a key feature of the drug strategies however and at a local level DATs remained essentially untouched and became strengthened through an increasing level of funding. They also became subject to much greater external scrutiny with a growing number of regional organisations to whom they were accountable. By 2002, the DAT links to the centre were apparently less clear as their reporting and over-sight was largely managed by the regionalised drug teams and the regionalised NTA. Nonetheless, the centre remained a powerful force with the Prime Minister's own delivery unit being cited in the Updated Strategy (2002) as concerned with performance and target setting.

The reasons for the change of overall responsibility for the strategy from Cabinet Office to the Home Office are unclear. It could have been the result of powerful personal political alliances. Alternatively, it may show an increasing penalogical analysis of the drugs agenda. However, the creation of the NTA and the significant resourcing of treatment options suggested that personal, political alliances remained a key feature. Furthermore, although the Police Reform Act (2003) suggested a merging between the drugs and crime agendas at a local level this was effectively resisted by most DATs and the structures remained independent, if 'joined-up'.

Over this period, therefore, although there were some changes to the policy architecture these were minimal and at a local level where drug policy was implemented they are essentially untouched. The changing analysis of drug misuse linked the issue into the wider social policy agenda and yet also promulgated a strong link between drugs and crime and linked this to community and environmental factors. The integration of drug policy into the wider social policy arena was a new feature of this period and yet it can be seen to have become unremarkable. Individual agencies were held to account in core target areas, and new technology made it possible to hold detailed national data on performance in each DAT and the strategy outlined where and how it was integrated with other policy activity. Similarly, the community became strongly featured, particularly as they were seen to be impacted upon by drug misuse; in this analysis, the individual rights of the drug user might be seen to become subsumed under the community's needs to be freed from the 'scourge' of substance misuse. These are clear analytical frameworks whose development can be traced from Labour MPs in opposition in the 1980s and 1990s.

New Labour's response to drug misuse was, therefore, predictable as it built on the past; in terms of their own analysis of substance misuse, their concerns with community and personal social responsibility and their drive to modernise government, bring about and evidence change.

Chapter six – National interviews - developing drugs policy

Introduction

This chapter is based on interviews with eight of those involved in developing the Tackling Drugs Together policy for England in 1995. It is perhaps hard to recall now but the policy was, at the time, innovative; creating partnership bodies composed of the most senior local representatives of the key statutory organisations. It brought powerful local organisations and their representatives together in 'partnership' to work on drug matters, perceived by many to be a fringe issue, sitting as it did within all of their agendas but as a minor part, attracting no significant funding or interest from the centre. Requiring Chief Executives of Health Authorities and Chief Constables of police to meet together to forge a local strategy to combat drug misuse with in-put (although little new funding) from the centre was perceived as a radical departure.

This chapter looks at who was involved in developing Tackling Drugs Together (1995) and how that came about. It does this through interviews with the individuals concerned and considers how they were motivated to use the opportunities and resources which subsequently came their way. Finally the chapter looks at the emergence of partnership as a policy framework, where the idea originated, why it was subsequently copied for other complex social policy areas and how DATs were created and responded to by localities and other key players.

The chapter is based on original interviews with those responsible for developing drug policy during this period. All interviewees have been anonomised and to further achieve this, all are described as 'he'; this has been done because very few women played a senior role in the development of drug policy at a national level and therefore they could be more easily identified if their gender was given and to use 'she' for all respondents would give a very false picture of the gender of most key players.

A small number of key players recur at the early stage of policy development (eight of them were interviewed and one other was not interviewed). They are a mixture of individuals - civil servants, those from the voluntary or campaigning sector and politicians. It suggests that the ideas for the policy were generated initially by a few people who were then able to bring in enough other individuals and organisations for the policy to be adopted. In addition interviewees drew out the importance of the Prime Minister (John Major) at the developmental stage of the drug policy. Later under New Labour when changes were being made to drug policy and at the point of ensuring implementation, Tony Blair's role was seen as important.

There is significant testimony about the strength and importance of cross-party support for the strategy throughout the period under consideration. It would seem that drugs was a policy issue whose time had come; however, the way that policy was developed and shaped was affected by a range of individuals and other circumstances which the interviews explored and help to explain. The actors appear to have been fully aware of being involved in the development of a new social policy and there emerged from the interviews a sense that people knew they were doing something new and different and that they found that exciting.

Developing drug policy

Policy generation

As we have seen TDT (1995) incorporated ideas about using partnership mechanisms to tackle drug issues which were, at the time, radical, particularly because of their incorporation of senior bureaucrats for whom drug matters were fringe issues in comparison to their core business. In terms of the generation of ideas behind the policy, several speakers expressed a sense of ownership and illustrated how that had come about. In particular two speakers talked about how they had spent some time campaigning around this issue and one described how he had spent '*10 years continuously in the drugs field...stayed in that field';* he compared this to *'civil servants (who)*

change all the time' (Respondent B). The significance of this appeared to relate, in particular, to the building of relationships with those in government, formulating ideas and perhaps becoming a '*respectable mouthpiece*' as one senior civil servant described some of those consulted with regard to policy issues. The importance of occupying this position is outlined by Respondent B with regard to drug policy and how he (and others interviewed) had sought to encourage someone in government to pick up the issue / ideas:

'*getting those ideas off the ground – encouraging Tony* (Newton*) to take it into government – then it went out of our control because it was a manifesto commitment in 1993*[93] *- they didn't expect to get in - but then they needed to establish a strategy and then it went into the Cabinet Office – that was important.*'

This excerpt highlights the factors described by Levin (1997) as important to the policy development process: 'motivation', 'opportunity' and 'resources'; although Levin had applied them to politicians in particular. Here, although the role of the speaker is outside government, motivation and opportunity can be seen to have played a role. Respondent B needed to rely on others in government or in the civil service to create further opportunities and identify resources. What he and others described was a 'motivation' to bring about change in the area of drugs policy and to do that required raising the profile of the issue and attracting the notice of someone able to 'champion' the proposed policy changes in government. The 'motivation' for two interviewees arose principally from their paid roles in the non-statutory campaigning sector and they can be seen to have successfully engaged politicians on this issue and to have maximised their 'opportunities' which led to the incorporation of commitment in the Conservative manifesto. The profile of the drugs issue was raised, as discussed, in a number of ways, including through the Home Affairs Committee Report (1984) and two 'independent' reports: Across the Divide (Howard 1993) and that by Barker and Runnicles (1991). Interestingly, however, it is described that at this point in the policy

[93] Levin stresses the importance of commitment and the implications this can have (1997:231 and 238)

process those promoting policy change '*lose control*', because the issue once taken up became part of the party's policy machinery. Once the elections were over however and there was the motivation and by then, the commitment to act, the voluntary sector again became involved, but at this point as consultees, with the opportunity to influence the agenda, but no longer with direct ownership. This is an interesting factor of policy development. It highlights how policy is a *process* but one in which the outcomes may be unknown for campaigners and any key policy developers as a result of the myriad complex factors involved. This is congruent with Levin's (1997) analysis that policy is a process which can be observed, contextualised and understood. However it also helps to highlight Darke's (undated) concern that it can be too variable a process '*to offer a generalised model*'. The interview evidence would suggest that there was a discernible pattern within an overall framework but that within individual factors, such as motivation, the detail might vary – thus, motivation might be a factor in the process of policy making, but what inspired motivation might be an unknown, or ungeneralisable factor.

In this case, amongst the myriad complex factors which affected the policy trajectory were, for example, a small number of MPs from both sides of the House, who respondents described as interested in drug policy; many of whom had personal family reasons for this interest. In addition, as previously noted, there were seen to be a number of international and national factors which prompted the issue to rise up the social policy agenda. A number of interviewees talked about the impact of HIV / Aids and, in particular, how this had generated extra funding, interest and multi-agency working in the drugs practice arena. Respondent B summed this up by saying that around the 1990's '*drugs was (sic) sexy – there was political excitement*' about it. He suggested that it was also '*sitting on the back of the HIV / Aids debate*', which people thought was '*about to destroy the world*' with the concomitant response that '*we need*(ed) *to throw money at it*' and this involved drugs policy and agencies, because '*injecting equalled a method of passing it on*'. This, as we have seen, was considered particularly worrisome because it involved a way of the disease passing into the mainstream, heterosexual

population and concerns arose, therefore, about the impact of drug use on the wider community. In its turn it provided a conceptual link with other analysis about the cause and possible wider impact of substance misuse and linked this to environmental and social policy issues, such as poverty, poor housing and the breakdown of communities and with an increasingly moralised perspective (Mott 2000; Macgregor 1998; Green 1998; South 1996; Dunlap 1995; Pearson 1987; Stimson 1987; Himmelstein 1978).

In response to being asked, *'was there anyone who you think was important in taking the ideas forward',* Respondent B named himself, Tony Newton MP, Ian McCartney MP, Mike Watson MP and a leader of a voluntary sector organisation[94]. Tony Newton's role is a key and well known one once TDT (1995) was developed and legislated for, but it might also be recalled that Ian McCartney was a key speaker for Labour in the 1980s and the speeches he gave in the House of Commons often showed evidence of briefing, particularly for example, in his apparent use of the research of Geoffrey Pearson (1987). Levin's (1997) analysis regarding policy development is applicable to this period, and in particular that which suggested that '*feelings of sympathy or altruism*' (1997:60) were important in the creation of channels of communication, creating '*levers*' which can be used to open up opportunity and thus create commitment. Certainly it fits with Levin's (1997:63) suggestion that policy is a process which results from a '*selective response*' to a number of competing interests and, thus, that the engagement of the '*individual and inter-personal*' are important, as well as the political. Additionally it lent further credence to the idea that a policy might wait some considerable time before it emerged with enough support to be taken up and developed; thus the speeches of Ian McCartney in the House of Commons occurred in 1989 and Respondent B described his 'ten years' of campaigning. Both Mo Mowlam (2003) and David Blunkett (2006) described in their memoirs how a personal commitment to or interest in a given issue could stay with them throughout their political career and how this might motivate them to take up an issue at a later date. What was indicated by interviewees therefore

[94] I have named the MPs as they are people whose views are in the public domain, I have not named civil servants because they are intended to be anonymous actors who effect government policy.

was that there were individuals whose activities could be described as those of 'institutional entrepreneurs' (Lowdnes 2005) or 'Autonomous Policy Leaders' (Wallis and Dollery 1997); those waiting in the wings to further a given policy idea and who took the opportunities offered to them when they arose. This, it would seem, was a particularly important factor at the stage of ideas and policy generation.

The testimony of interviewees suggests that over a period during which policy is developed there might be a number of policy communities or networks which form. For example, a policy community or network might be formed in order to 'tout' a proposed social policy and this may take a long-time and precede the idea being taken into government and the process of the actual policy development. The interview findings provide evidence of pressure groups having made '*a mark on government policies and measures*' through their '*direct linkages either to ministers...or officials*' (Levin1997:234). After that the policy community might or might not include the 'original' ideas generators, perhaps depending upon how successful they were at becoming a 'respectable mouthpiece'. The role of politicians (according to those interviewed) at this stage of drafting would also appear to be negligible. Politicians appeared to be seen to be influential again at a later stage, once the policy was drafted and they were needed to broker and negotiate within and outside of their party; this was drawn out by Respondent A who attributed much of the success of legislating for TDT (1995) '*to the Lord President's skills in brokering with his Cabinet colleagues...*' It may be, therefore, that whilst policy is a 'process', it is essential to comprehend what a long process that might be and how some parts of it – particularly around idea generation – might be hidden from view by later activity. Further that 'policy network' might be too broad a term on many occasions when one might be witnessing a series of policy network formations at different stages of the policy process. In addition, any given network may be composed of relatively few people; it is their motivation, exploitation of opportunity and access to resources which may be the key factors.

Policy development

Following idea generation and the acceptance of the need for a policy in a particular area, those ideas might appear 'newer', perhaps, to those in the civil service, than to those in voluntary, lobbying or other sectors outside of the government. However, as noted, once embedded within the government processes the 'ideas' appeared to go out of the control of the campaigning sectors. This was demonstrated by a key civil servant responsible for developing TDT (1995) who described how his engagement was not with the matter at hand, but with developing a policy which was useable:

'*It was not that it was about drugs, but it was starting at the point at which the outcome would be delivered*'. (Respondent A)

Nonetheless, once engaged with developing the policy the civil service and others might then take ownership and consider that the policy ideas belonged to them. Thus, in response to where TDT (1995) had originated, and in particular the three aims embracing health, crime and education, Respondent A said:

'From me – they were mine. I based that on all what I had read. I had done that from the beginning, from the first day. I then took them out'.

And Respondent G also considered that TDT (1995) was '*very much a centrally driven model – it didn't come from outside*'. What Respondent A and G also highlighted was the importance of making the policy which was being developed 'work' and acceptable to a wider central and local community of policy developers and implementers. The interviews demonstrated the different roles which those involved in making policy play – those of ideas and commitment generation, and those of talking, listening, drafting and legislating. Respondent A described how, in the early stages of developing TDT (1995), following government commitment to do so, it was important to go out and meet with key people at a central and local level:

'I had to be able to hear and understand and they had to be able to hear and understand the three goals.. .'

This was based on what he portrayed as a changing concept of policy making and which was influenced by a number of ideas. In particular this included a sense that policy should be developed which could subsequently be implemented and that this involved 'listening' to ensure you could take the influential people with you enough to ensure delivery; in reality this meant making sure that government did not just say:

'"I'm a partner", but (then) really act(ing) as though you are the boss. Like that there is no listening. Changing that means it is no longer something I call government by circular' (Respondent A).

It incorporated business ideas into a civil service framework; ideas which came from civil servants who had been placed outside of government and within private sector consultancy companies. It was a style attributed to having been imported from business by the principal civil servant responsible for drafting TDT (1995):

I used a formula from consultancy – Whitehall should go out and harvest ideas – what can we do / not do. Then articulate 2 or 3 goals and then sell them to a market where the ground has been prepared and it is therefore easier to gain co-operation'. (Unattributed[95])

This showed a concern with policy implementation and suggested that it was necessary to have ideas which were generated from the field and were then re-focussed in a way that could engage key participants within and outside of government. Thus, 'I *thought we should have 2 or 3 clear goals and build up from the bottom.*' Politicians were '*very receptive*' to this idea '*but it was new in the civil service and they were pleased but surprised that I gave them an*

[95] This is a quote drawn from my interviews. It is unattributed because to do so would probably identify the Respondent. This is the case with all quotes in the thesis which are unattributed.

action plan. The starting point was 3 aims – then 3 strategic outcomes that everyone could see their part in.' (Unattributed)

This respondent clearly held the view that policy should be able to be delivered and be shown to have tangible outcomes and that these should be considered when the policy was being framed. Further that developing policy involved going out and talking to people – '*we travelled a lot and visited everyone – there were a lot of people you couldn't expect to come to Whitehall*'. The suggestion was that they went beyond the '*respectable mouthpiece people – not to do them a disservice*' who were accessed from '*lists drawn up by inviting people through the main bodies...- it was a very bureaucratic way...but the second ripple were much better- because we got them through people saying you should meet x who works way out doing a really interesting piece of work*'. (Respondent A)

Nonetheless they required, '*evidence – otherwise you base everything on the last person you spoke to*'. Thus speakers testified that trying to get the drug policy off the ground also fed into the development of research projects:

'*We were influential in getting agreement to pay for some research on drug testing everyone who was arrested.*[96] *There was a lot of opposition to that in government – but you have to relate your views back to the evidence...We also influenced the Department of Health to start some on-going research looking at outcomes.*'[97] (Respondent A)

Thus the research was linked to two of the 'outcomes' in the White Paper – that related to investigating links between drug misuse and crime and that concerned with treatment outcomes and effectiveness (NTORS). The third aim – education was also importantly linked to 'evidence':

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[96] Bennet et al (2001) became known as NEW ADAM: Findings 148: Home Office

[97] Dept of Health (1996) The Task Force to Review Services for Drug Misusers – included research also commissioned referred to as NTORS and referred to as such and referenced as such in this thesis.

'I said they would have to take my word for this as it would take at least 10 years and we could do it or we could do nothing – but that was getting drugs education into the national curriculum.' (Respondent A)

In essence, the three aims appeared to break the dichotomy of the health and penalogical divide seen historically to dominate the drugs agenda. Whether it achieved this is debateable (and considered later in the thesis), but at the very least it (perhaps cleverly) disguised or avoided this dichotomy. Further, going beyond drug issues, it would seem that the development of policy had a number of new themes – working in partnership, going out and talking to people, a concern with delivery and outcomes and finally that there should be evidence which did, or would, show what worked and how. The focus appeared to be therefore not just on civil servants *'thinking great thoughts'* (Respondent A) – but on ensuring it was a policy which people wanted, would work and could be shown to work.

Dialogue and policy development

Respondent A talked of the *'ground being prepared'* when developing and drafting TDT (1995) and this appears to suggest a dialogue between the centre and localities; at least involving a flow of information and discussion in the vertical policy sphere. In the first place it might indicate that dialogue was about *'listening'* but also about giving out messages about what might happen and checking to whom and in what ways that might be acceptable. Secondly, that this preparatory work of listening (but also speaking) might lead to a consensus about the policy which was being developed – specifically, this might account for the lack of opposition to TDT (1995) which, given the complexities of this policy area, was remarkable. It might have arisen because the ground *'had been prepared'* and thus as Respondent A stated - *'the Green Paper held no surprises'*.

However, the interviewees all named one another as the key people who were involved in the generation and development of TDT (1995)[98]. They described what appears to be a small, '*hub-rim*' of interested parties who effectively formed a 'pressure group' and who drove social policy change with regard to drug misuse in the mid-1990s, in what might also seem to be a vacuum of opposition. Some of them, particularly those from the voluntary sector had been around for some time, others, such as civil servants, were new to drugs misuse. Of interest, however, those civil servants working on drafting the drugs policy were familiar with 'new' ideas about the importance of policy implementation. It would also seem that any potential opposition had been derailed by large scale changes (and internal fighting as a result of those changes) in a key voluntary organisation whose role was to represent drug treatment agencies (SCODA):

*'SCODA had been through major changes and provided a reasonably accommodating field.'(*Respondent F)

Additionally, other organisations such as the NHS, local authorities, Social Services and others were possibly distracted by the 'reforms' with which they had been deluged at this time (Brown and Sparks 1989; Harris 1989); and that, in fact, many were 'looking' elsewhere when drug policy happened. Respondent H (who had been working in localities at the time TDT was drafted, although also playing a national organisational representational role) suggested that localities were, in part, given a '*surprise*' by TDT (1995). This indicated therefore that at this stage the discussion may have flowed in a vertical direction between the centre and localities, but not horizontally, or uniformly horizontally, although this might not be apparent to the centre. Thus Respondent A reflected that:

'*practitioners were incredibly pleased to be asked to form a policy from an early stage and thanked* (us) *for the opportunity.*'

[98] See Chapter 3 for a full description of this.

Going out and engaging '*in dialogue with operational services about what needed to happen and how it could be achieved*' (Respondent A) demonstrated the information flow which occurred vertically at this point of policy development. Once dialogue had occurred, however, it was perhaps not always clear to those in localities what would, in the end, contribute to a policy. Further, the contributions might not necessarily be recognisable once they had been through the drafting process. This may account for some 'surprise' in localities at TDT (1995).

In addition as Levin (1997:53) has argued it '*...is important to look ... for the **absence** of linkages, for **cleavages***'[99] and a possible cleavage may have existed between those making policy and the different groups who might have opposed the direction of the new drug policy at this stage and later. This may have included an absence of linkages between the health sector and social service sectors at a senior national level and those drafting policy. This was suggested by interviewees either directly, or by the absence of naming anyone from those areas as having been influential at the ideas generation and policy drafting stage. Respondent F said that only the probation service and the police had any form of participatory representation at a national level, and he named the two people he saw as key from those organisations at that time[100]. This he contrasted to other public services by saying there was '*no-one in health, no-one in social services.*' In addition, Respondent H had identified the ACMD as perceived at this point as '*a doctors talking shop – rather negative outfit – managed to marginalise itself*' and thus the implication was that this sector was outside of the policy 'hub' or network and possibly not in tune with, or simply missed, the new thinking which was developing around the drugs issue. This is supported by Stimson (1987:484) who has argued that the ACMD appeared not to have been involved in the changing debates and policy emphasis which surrounded drug misuse policy during this period; in particular, he suggested that they seemed not to have recognised the increasing politicisation of the sphere and a move towards a more penal

[99] Emphasis as in original.

[100] One of whom was interviewed and one was not; both went on to play national roles under New Labour. The one not interviewed has written his autobiography and this has been used as a reference.

agenda. In this regard it is also possible to draw a parallel with alcohol policy where the health and scientific sector have been described as '*less well-networked*' in comparison to the public order lobby (Berridge 2006). Interestingly, it also suggests that despite formalised consultation structures (such as the ACMD) policy development and formation may take place outside of them; this appears to have been because they were perceived as less useful, or less engaged with a wider understanding of current policy imperatives, by central government in particular.

Interviewees also suggested that some other public sectors were looking to expand their social policy role because of what they saw as a diminishing sphere of influence under the Conservative government at the time; one speaker from the probation service described how he '*saw it as an opportunity...to get influence and resources*' for the probation service. Another suggested that local authorities were '*beginning to re-focus their attention on the total well-being of the community – not just emptying bins*' and that an involvement in '*crime, economic regeneration and healthy communities*' offered this opportunity. In addition it was suggested that the police were '*beginning to recognise the 'social context of policing*' in part because of the complexity of social problems such as mental health and child protection which the respondent suggested meant they had recognised '*they couldn't police their way out...*' (Respondent H).

TDT (1995), therefore, appeared to emerge from a drive for social policy reform generated by some sections of the voluntary sector and by politicians; this drive met with civil service change and new ideas about how to design and implement policy. Key players from elsewhere in the public sector appear to have been willing to engage with the partnership ideas which emerged at the point of consultation for their own organisational reasons; interviewees suggested this was particularly the case with those from the penal sphere and within local authorities. If policy is the sum of the organisations and the individuals who play a part in it (Knoepfel and Kissling-Naf 1998) then it goes someway to explain why TDT (1995) took the shape it did. It retained a balance between three aims across the health, penalogical and educational

sphere and it was connected to research which was commissioned to better understand the links between those three areas and substance misuse. The policy was framed as a discussion document of what might be the factors leading to drug problems and despite the Conservative government's apparent rejection of the environmental and social causes it did take steps to investigate them and the aims broadly embraced a conception that these might be factors. This would appear, therefore, to provide evidence of pressure groups having made '*a mark on government policies and measures*' through their '*direct linkages either to ministers...or officials*' (Levin 1997:234).

Respondent B talked about how there was little opposition to the policy, '*no real fundamental national pressure group*' and attributed this, in part, to the civil servant responsible saying:

'X was a very clever operator....He had a capacity to listen to a wide range of people and synthesise what he heard into a workable model. If you think about the range of pressure groups around drugs, he produced something which didn't get opposition.'

Thus, the policy did not appear to grow out of '*conflict between state agencies*' (Duke 2003:13) but rather an absence on the part of the health and social services sector. This may have been for a number of reasons which included: the reported lack ot key individuals operating at a national level who were willing or able to campaign on this issue, and the fact that the area was weakened by changes to the statutory and voluntary sector and by the apparently negative perceptions of some '*respectable mouthpiece*' organisations such as the ACMD. Nonetheless, although no-one described any opposition to the ideas in the White Paper, Respondent H (who at the time the policy was developed worked in the localities although also holding a national remit) said '*people were surprised by it when it came out*'. This might suggest that whilst it was considered that a great deal of consultation had taken place and that civil servants had been able to get beyond the '*respectable mouthpiece people*', essentially, it was still really only '*the movers and shakers*' who had been consulted and not necessarily those

working in localities without strong links to the centre. Thus Respondent F said - there were '*no local people – great movers and shakers – local product champions*'. In essence therefore TDT (1995) was a centrally designed and driven drugs policy. This was summarised by Respondent G as the '*unsubtle and unspoken message*' of CDCU visits to local DATs.

TDT – a policy designed for implementation

There was a strong sense (particularly from the civil servants interviewed) that TDT (1995) was a policy designed for implementation. The importance of this was that it was linked to governmental concerns to demonstrate delivery and value for money and in particular to a sense of policy making which Simon and Feeley (1996) have characterised somewhat sceptically as 'pragmatic'. Thus the assumption is one of low ideological in-put and high practicality. It is therefore interesting that such views have been espoused by ideologically driven governments such as that under Thatcher (Mishra 1990) and New Labour; and such views feature strongly, for example, in the memoirs of Blunkett (2006) and Mowlam (2002) with regard to the need to ensure policy implementation. Further, policy as a pragmatic response to current issues was a view which was consistently reiterated throughout both sets of interviews (as we shall see also in Chapter 7) and which those making policy – i.e. developing and implementing it – took. That is, that making policy began to be associated with ideas of delivering to the tax payer what a party had promised in its manifesto. Thus:

'*the beginning of thinking that government gets money and needs to be able to show, to those who are the source of it, what has been done with that money. More recently this government* (New Labour) *has placed a great deal of emphasis on 'delivery' – this leads to a more holistic approach.*' (Respondent A)

There was a clear link made between the growing concepts of government's need to show financial accountability and the development of this into a concern with also being able to account for policy 'delivery'. This, as we have

seen, was built into the TDT (1995) structure from the beginning but considerably strengthened by New Labour. The accent was on developing a policy which could be implemented, as illustrated by the civil servant with ultimate responsibility for developing and delivering TDT (1995), who said:

'*Outcomes certainly drove me hard – I was driven by deliverables*'. (Unattributed)

The link was also explicitly made by another interviewee, who said that TDT had '*a strategy for government and implementation and local government and implementation*' (Respondent G); thus it was also understood that the policy needed to be able to be implemented at both levels – at the centre and within localities. In particular, respondents drew out that they sought to learn from what had not worked in the past; this included civil servants with '*big brains*' who could think up '*really good theoretical policy*' which was '*extremely logical and clever*' but that '*they are missing the whole point, which is that it* (policy) *should really work*'(Respondent A). Seeking to learn from these lessons was directly related to actions which were then taken, so that during the policy development phase the civil service team included '*a secondee from the National Audit Office to work with us on what could actually be measured – performance indicators*'. Achieving this had been '*a big negotiation*' but it had been important for two reasons, firstly the auditor realised how difficult it would be '*to measure the outcomes of a multi-agency approach*' and secondly because:

'*It earned respect for us that we weren't just mouthing these glorious, great strategic goals, but that there were measurable things that all of them could recognise*'. (Respondent A)

Policy development therefore attempted to achieve 'buy-in' from the important facets of policy making at that time, among which was evidence and measurement. It is in this way that the language of managerialism and performance management became linked to drug policy because it was an integral part of the first strategy – TDT (1995). As such, it was an attempt to

deliver a measurable, implementable drug policy; it sought to ensure support from the wide-range of government departments responsible for delivering it and characterised by the civil servant, as the '*five departments of state*' and the increasingly important National Audit Office. Further, setting measurable outcomes gave status to the policy itself because it was radical and displayed a familiarity with the new policy-making ideas.

TDT (1995) came with relatively little funding; Respondent B reiterated that drugs had been a '*minority area*' where monies were *'not ring-fenced'*. He suggested that this had affected the status of the issue because *'Health Authorities are acutely resources-focussed.'* However, most interviewees also underlined the general importance of money to any policy issue; '*you have to attach some money – even some*' (Respondent A). Initial funding was focussed on the localities and directly on smoothing implementation of the strategy:

'*There was not a lot for DATs, but the some (*money*) made it easier and it was particularly important that it had paid for DAT coordinators and the administration of it.*' (Respondent A)

Perhaps the issue of funding is to some extent a relative factor – it would seem obvious that it counts that you have it and it appears that the more you have, the more important you are perceived to be as an organisation. Clearly, drugs was perceived to be a '*peripheral*' or '*minority*' budget issue for most organisations and this is considered in the following section on DATs. However the low levels of funding might, in the beginning, have permitted a slight disregard for any loss of power, or territorial encroachment, as they did not present the DATs as a large threat bolstered by huge sums of money. Latterly, the coming of TDT (1995) would indicate that there was a territorial encroachment on health within the drugs arena and that DATs took over areas of work (for example the commissioning of drug services was affected and eventually this work was lost entirely to DATs). The small initial sums may, therefore, have made the changes seem unimportant to an extent, but were significant enough to bring in people to make the strategy 'work'.

Significantly, at this stage, the small amounts of funding meant that performance management functions of TDT (1995) were not developed in order to manage and account for cash-flow. The focus was on developing measures for inter-agency partnership collaboration; performance management of activity and spend would come under TDTBBB (1998).

The role of the Prime Minister and ensuring political commitment

Interviewees suggested that it was possible to drive this policy through because there was (and has been subsequently) support from the Prime Minister (PM). Respondent B said that Mrs Thatcher was an early influence at the point when the ideas were taken up and into government because of her international commitments. Respondent A said that at the point of policy development:

'*John Major (*PM*) was driving it. He wanted something done...The push came from No. 10 and that was important if it was to be successful.* (The CDCU) *had a lot of clout and* (yet)*...were a tiny unit.*'

Additionally, Respondent D picked out the contribution of Tony Blair at the point of policy development when looking for change and with regard to implementation; this was achieved through his '*No 10 get-togethers.*' Interviewees attributed the interest of each PM to different reasons: Thatcher because of her international interests and commitments; Major because he wanted movement on the drug issue because of the apparent worsening situation; Blair because of a moral imperative and latterly a concern to evidence implementation. Thus 'motivation' may be a factor which influences policy adoption and development as described by Levin (1997), but the reasons which lie behind that motivation may be infinitely variable. The complexity of gaining the motivation and then commitment of a PM may, therefore, be considerable.

It would seem it was possible for a number of individuals at different stages of the policy making process to get the ear of the PM. As a result it is perhaps

no surprise that drug issues have had the focus that they have since 1995. It might also lend support to Levin's analysis which has suggested that the role of top level support, especially that of PMs, allows the creation of structures (Levin 1997:231) around which policies will be formed or transmitted and that this is important, for once *committed* (pp237) it will ensure the necessity of being seen to be '*moving in a direction*' (pp225).

Respondent G also highlighted how a key civil servant understood the importance of this commitment and ensured that it was generated as a part of the consultation and development process. He described how the civil servant '*put a lot of thought*' into the strategy and engaged *'with what he regarded as key people – movers and shakers.*' This also involved '*getting ministers properly engaged – fairly intensive discussions*'.

In addition, the role of Tony Newton (the Lord President with Cabinet Office responsibility for drug issues) was drawn out by most speakers who attributed to him considerable skills in championing and steering the TDT policy through the political process. Respondent A said:

'*...in the end I think it was down to the Lord President's skills in brokering with his Cabinet colleagues a policy which met everybody's needs and wishes – I mean he was tough when he needed to be tough and conciliatory when he needed to be – he was extremely determined – he spent endless amounts of time and effort – and he had the ear of the Prime Minister....if he had been a different personality – the sort who just wanted it for his personal ego – or some completely lazy person – couldn't have done it – so that was pretty significant.*'

In addition Respondent F said of Tony Newton that '*he was the sort of individual to cut through department professions*'; given that TDT (1995) sought to adopt a partnership approach and was given a cross-departmental remit and based in the Cabinet Office this would, of course, have been a crucial factor. Nonetheless, Respondent G cogently argued that it was essential that '*conceptually and politically it (*the policy*) needed to have merit.*'

Thus, the implication might be that however much an idea might 'have its time', or a policy issue be pushed up the agenda and steered by a significant and forceful player, without the policy itself being seen to be of value, no-one, and particularly it might seem Ministers, would put their name to it and publicly support it. As Respondent H said, '*their main agenda is to protect themselves*'.

Cross-party support

Cross-party political support emerged strongly from the interviews as a key issue which had allowed TDT (1995) to be formed as it was, and that this contributed to the way in which it was able to be '*incrementally*' developed later into TDTBBB (1998). Respondent B thought the level of cooperation was almost unprecedented and that the reason was '*because the issue* (drugs) *is perceived as a national threat*'. This accords with MacGregor (1999) who has suggested that the drugs issue gained currency at this time because of the end of the Cold War; it became an international policy matter on which diverse countries could agree.

The importance and strength of cross-party support was summed up by Respondent B who commented that it was:

'*significant then and continues to be significant – we said it should be so, though couldn't make it so. I know that the White Paper was shown to George Howarth who was the Shadow Minister before publication – that's strong.*'

Respondent A considered that cross-party co-operation was, in part, the achievement of Tony Newton, as he considered he *'had the qualities of a statesman – not a party political person - he really wanted to progress a major public policy issue...but of course he was interested in the issue.*' The key civil servant in drafting TDT (1995) described how he was allowed '*to brief the opposition – and to make a cross-party effort – which was unusual – but we did – it wasn't actually about party politics*'. Respondent F agreed that there

was '*absolutely cross-party support*' and that this was because '*Tony Newton built consensus*'. The role of the Lord President appeared, according to the testimony of interviewees, to have been a key factor in creating and sustaining cross-party support. Further, cross-party support was seen to have been pursued vigorously, leading to the sharing of information in a way which was unusual.

Respondents were therefore not surprised that New Labour had developed drugs policy using the same basic framework, as they did with TDTBBB (1998) because they had been '*generally supportive in opposition*' (Respondent G) and thus, '*it's what we would have hoped because in opposition they had supported the approach*' (Respondent A). Additionally the impact of the partnership approach may have had unintended consequences. It brought health and the criminal justice agencies into partnership over substance misuse and so laid the foundations, upon which New Labour's concerns with drug misuse and communities and the impact of the former on the latter could be built. Thus, the structures were already in place by the time of New Labour and TDTBBB (1998) which would allow the movement of drug policy into a more firmly rooted criminal justice and socially and environmentally focussed agenda, rather than a health and individual treatment based one.

Nonetheless, the picture which respondents built was that drug policy became a cross-party issue and in so doing became almost outside of the party political arena. Respondent H described it thus:

'*There is cross-party support for this way of working and remarkable cross-party support for the drug strategy...consistent ... for over twenty years.*'

Partnership: a policy idea

An area explored in the interviews was why partnership structures had been used by TDT (1995) to deal with drug issues. Respondent F considered the

ideas had been linked for some time and cited a Department of Health (DoH) circular in 1986 which had established DDACs; although he suggested that the problem there was that it did not '*really didn't give them any steerage*'. The DoH subsequently commissioned the Local Government Drug Forum and Nacro[101] to independently review these structures as they were seen to be '*failing*'; it was felt that ideas contained in 'Across the Divide'[102] were precursors to TDT (1995). Another report considered by some respondents to have been influential was the Morgan report (1991)[103] which had looked at how community safety issues might be managed in localities in a partnership way. This report built on ideas popular within the Home Office at that time about the use of partnership structures as part of a crime prevention approach (Home Office 1984; Home Office 1989) These reports were known to the civil servants and one responsible for drafting TDT commented on 'Across the Divide' that:

'it was very influential; it was certainly the first thing I read.'[104]

The influence of these reports appeared to be because they argued for policy delivery in local areas on a subject that crossed a number of organisational boundaries (community safety and substance misuse). Nonetheless, it may seem somewhat surprising that the same style of approach (partnership) was developed in a policy which was being driven forward by some committed and enthusiastic civil servants and the Lord President, when it had apparently been seen to fail in earlier forms, such as the DDACs. However the approach had the benefit of bringing together the range of agencies concerned with the issue. Other examples of early partnership work cited by respondents were also focussed across a broad range of agencies and included complex social policy areas where there were also perceived policy and organisational fault-lines, such as child abuse enquiries which found systemic organisational and

[101] Nacro was an independent charity working with offenders and ex-offenders which had a consultancy section. Because of Home Office activity on crime prevention and latterly the Tackling Crime Circular in 1989, the idea of partnership was familiar in the crime arena.
[102] Written by Roger Howard who at the time worked for Nacro and who was to later head DrugScope (formerly SCODA)
[103] It was officially - Home Office (1991) Safer Communities: The Local Delivery of Crime Prevention Through The Partnership Approach
[104] I cannot identify the Respondent here, as to do that would take away their anonymity.

inter-agency failures (Respondent H). Additionally, Respondent H suggested that it allowed organisations who felt that they could not solve the social problems with which they were faced on their own, to engage with others over the issues. Respondents also linked the idea to social action and community projects, particularly from the 1970's and 80's. They characterised those responses, however, as ones which had involved signiticant tensions between key players - in particular the police (Respondent D). The Morgan report (1991) had advocated that local authorities acquired a statutory duty to coordinate crime prevention activity, linking it to local accountability and democratic structures (Hughes 1997). It was not implemented however, and this led some to suggest that it was unpopular with the then Conservative government because of difficulties in the relationships between central and local government during the 1980's and early 1990's. During this research, one interviewee commented on these difficulties directly:

'Morgan argues that local authorities should have responsibility, the Tories rubbished that...' (Respondent F)

He concluded that was also why the Green Paper gave responsibility for DATs to the Health Authorities.

Respondents did not consider that they had been influenced by academic or theoretical texts on partnership such as communitarianism:

'*if you are asking if I read great tomes – no – though I probably should have done* (Laughs)!' (Respondent A)

Instead Respondent A suggested that the approach did have a link to traditional civil service philosophies – '*the doctrine of local community responsibility is an old one – something the Home Office have always tried to awaken*' and which the earlier circulars regarding crime prevention might bear out. Despite this, interviewees suggested that whilst partnership was imposed on the localities by TDT (1995) there was no tradition of it in central government. Respondent H suggested that the culture within central

government was antithetical to partnership working – because '*civil servants serve their department, not government interests*' and '*their main agenda is to protect themselves...*'(sic); he asserted that '*those two dynamics make partnership in government impossible*'. He also said that '*no government minister ever got promoted*' working on a cross-government strategy and thus suggested that neither the interests of civil servants nor those of politicians were truly geared towards supporting and developing highly functional and successful models of partnership and cross-departmental working because this would actually be against their own best interests. The autobiography of Keith Hellawell (2003:328-333) suggested that in this area both civil servants and politicians did, on occasions, pursue activities perceived to be in the interest of their department, rather than a government wide strategy of co-operation around drug misuse issues. These difficulties were also alluded to by a senior civil servant who, in interview, said that civil servants had been the most difficult group - defensive, territorial and cynical. TDT (1995) may have attempted to deal with this through the Cabinet Office and CDCU functions and TDTBBB (1998) retained essentially the same architecture with cross—departmental coordination a key function of the Cabinet Office (Mowlam 2003). However, the only direct attempt to enforce cross-departmental, partnership style working onto senior civil servants on drug issues is in the Updated Strategy (2002).

Respondent D argued, however, that the partnership approach partly emerged because the '*drugs issue* (had been) *a minor problem*' then there was the '*escalation of figures – the Addicts Index – huge problem*'. It was interpreted that '*structures that were pre-existing were not effective – the CJS was not working – a revolving door – treatment agencies were overwhelmed.*' This was supported by Respondent B saying that drugs had gathered its own momentum, because of '*increasing availability*', a perceived '*drugs and crime*' link, a '*drugs and community safety*' link and because it was a '*minority area*'.

Respondent A expanded on this:

'*Drugs were a natural candidate for this approach, they didn't fall to one department – nobody 'owns' it. But they needed a lot of clout at the centre to implement it because drugs were a second order issue for them. Other natural candidates are now at the social exclusion unit.*'

He added that:

'*Drugs had been a major factor in social policy problems and not to have a policy was a glaring gap*'.

The suggestion was, therefore, that there were imperatives to act which were based on perceptions of changing drug misuse patterns, alongside concerns about systemic failures within large organisations and specialist bodies. This was akin to other '*complex social issues*' which eluded '*traditional approaches to governing...*' (Newman 2001:11) and made partnerships appear a more attractive option, allowing government to draw on the '*plurality of interdependent institutions and actors drawn from within and beyond government.*' (Newman 2001:12) Further, there was recognition of the '*second order nature*' of drug misuse as an issue for many organisations charged with responding to it. Partnership was a partially tried and apparently thus far ineffective method of dealing with this issue, however. Nonetheless, Respondent G suggested that there was '*no real opposition*' to the policy direction, because '*no-one could argue against partnership*'; and it had, in fact, become '*one of those buzz words – that* (it) *is a good thing*' (Respondent H). Further, as Newman (2001) and others have argued the issue of governance was one which governments, civil servants and others were seeking to address in other spheres at this time. Respondent G suggested that the threat to the implementation of TDT (1995) had lain in the possibility of '*indifference, not outright opposition*'; clearly, therefore, those developing TDT (1995) had rightly sought to engage with this potential issue by building in KPIs and developing structures which sought to bind the centre and localities together over implementation. Further, they had recognised the importance of central recognition and support if the idea was to be taken up in localities and this was built into the strategy as an integral feature.

Drug Action Teams – mechanisms for delivering policy and partnership in action

'*DATs was the most interesting bit of the White Paper; a motherhood and apple pie type message with KPIs! A notion of a practical mix – centralised policy and local structures. It was the meat of the strategy*'. (Respondent G)

The quote draws out many of the key issues with which this thesis is concerned. It highlights the radical nature of the DAT structure through the way in which the partnership approach was used within the strategy. It also continues to suggest that policy was a pragmatic response to circumstance in this era and makes it clear that this was a '*centralised policy*' which was to be delivered within localities. DATs can, therefore, be seen as early evidence of the influence of fashionable policy trajectories which used devolved and horizontal forms of government (Davies 2005; Lowdnes 2005; Newman 2001).

DATs were the centre of the TDT (1995) strategy and have remained essentially unchanged in each policy development; if anything their role has been strengthened. They were the physical embodiment of the partnership theory. They were also the source through which government policy was disseminated to the localities and through which government expected to see policy implementation. This is summed up by Respondent G who held the view that DATs were '*agents*' of '*centrally driven*' government drug policy. He added that, in his view, the CDCU '*would have got Ministers involved*' if things in the DATs were not shaping up as intended. The commitment from the centre to the strategy was clear and the intention was to ensure implementation. The way in which this intention was worked into the strategy was highlighted by Respondent A:

'*....the name Drug Action Team was quite symbolic, that we didn't expect a talk shop, we expected action. We did know that Chief Constables and Chief Execs weren't going to do anything themselves, but they were the ones who were going to make sure that something happened.*'

Thus the other key area, from a central policy-making perspective, was who would chair the DATs, who would broker them and how they would be held accountable. Respondent A said:

'from the beginning it was very loose in terms of who would chair and geographical locations. There were a couple of big issues that had to be sorted beforehand. One was actually laying responsibility on the Chief Execs of the Health Authorities – they didn't have to chair them or fund them – but someone had to make sure these things happen so that was a significant piece of negotiation.

The suggestion was that the Health Authority Chief Executives agreed to do this because of the support for the strategy from the Secretary of State for Health, despite there being very little additional funding. A senior civil servant said:

'we managed to do it so that they were quite pleased to be asked. Yes at first it was like no, no, we don't want it – and then, yeah, alright we'll do it – that was quite clearly important – somebody had to make it happen. It had to be clear that this was not voluntary, this was linked to funding for drugs work – you had to have a stick as well as a carrot'.

Thus although respondents expressed some surprise that DATs then formed as quickly as they did, it suggests that local policy actors respond to initiatives pragmatically when they perceive them as strategically significant (Miller 1998). Respondent A felt that this was because:

'if you set the police and the Health Authorities and others a job to do they will do it, unless it is against their culture. I think it was a mixture of enthusiasm and working with the grain of their professional goals, plus a certain expectation that public servants would do what was wanted'.

Respondent G said that a '*civil servant in implementation mode would have worked in bureaucratic terms – not necessarily outcomes*', but felt that '*policy parameters were sufficiently flexible for everyone to be comfortable*', thus there was little opposition. This indicated an understanding from the centre of how to 'negotiate' with localities in such a way that emphasised a consensual approach (Rhodes 1996; Stoker 1995). The respondent also suggested that the centre had tried, in his opinion, '*to be DAT focussed and engage and be accessible*'; and another thought '*DATs would work because of a new public service paradigm, with a direct link to a Minister – a political priority*'. Respondent F added that '*Tony Newton developed a close rapport with DAT Chairs – it was unique – that direct access to a senior Cabinet Minister.*' This suggested to him that the centre '*had done their homework regarding local areas well*' and thus '*everyone did it although it was voluntary*', but he felt that there had, overall, been '*not enough thought to leadership*', so that the result had been '*letting a thousand flowers bloom*'. Once again this emphasised the consensual approach to the flow of dialogue between the vertical and horizontal forms in the development of TDT (1995). In his opinion this '*all changed in 1997*'. Interestingly this interviewee would suggest that the model of partnership created by TDT (1995) and implemented for three years was one which veered towards a decentralised system which most closely resembled Newman's 'Open Systems Model' (2001:97) of '*innovation, flexibility and local diversity*' with a '*monitoring of outcomes with responsibility for how these are devolved to those on the ground*'. His suggestion is that under New Labour and TDTBBB (1998) this changed.

Centre / local relationships

The CDCU was the central administrative arm of TDT (1995) and was responsible for co-ordination of the strategy and liaison with the DATs. One of the civil servants who worked for the CDCU at this point said that they had '*felt like guardians and drivers of DATs*', and that if DATs had not been supported by them in the way they were, then they '*wouldn't have happened*'. This support was manifested through '*lots of DAT visits*'. Knoepfel and Kissling-Naf (1998) have argued that it is essential for vertical authority to be exercised in order to sustain the 'new' institutional forms.

Interviewees reflected on the development of DATs and some suggested that despite the attention from the centre there had been '*uneven development of DATs across the country*' (Respondent B). This would appear to support Lowdnes (2005) who has argued that '*top-down and bottom-up institutional influence interact in important ways to produce an uneven patterning of uniformity and diversity*'. Respondent B considered that some areas had been '*capable of doing*', but that '*others still can't do it, because in those areas people take their ball home*'. He ascribed this principally to a lack of leadership from the Chair and not to the role of the coordinator, however he considered:

'*that* (the centre) *will drive people to work in partnership because they can't spend their money without it; mechanisms therefore will allow that to be imposed*'.

Respondent H also described very different working arrangements in three separate DATs, but felt that many of the issues had been resolved over time so that most now realised that '*self-interest is the glue to make it work...value placed on trust and that becomes functional partnership*'. He went on to say that there was '*cliché stuff about the whole being more than the parts, but the strategic view, the long term is that* (my organisation) *will get more if* (I) *keep the faith than if I stitch them up – there is a long term gain*'. This is suggestive of Lowdnes' (2005) analysis that there is an empirically observable change in the way localities do business such that the new institutions (such as partnerships) are now no more than the '*rules of the game*' with '*consciously designed and clearly specified*' rules for behaviour and engagement. This is perhaps further evidenced by Respondent B who felt that there had initially been '*some discomfort from the private and voluntary sector*' at the onset of DATs, '*possibly* (due to) *a sense that they were going to be more regulated*'. Rather than suggesting that this had led to conflict, interviewees overwhelmingly portrayed localities as having got on with the job of partnership in hand, demonstrating a pragmatic acceptance and a willingness

to display what was currently perceived to be appropriate behaviour (Miller 1989; Newman 2001).

Respondents B and C held very different views about what partnership working was. Respondent B suggested that DATs were a '*model at the front of Labour thinking*' in the 1995 manifesto. However Respondent C[105] suggested that partnership was '*not a model of work*', but a '*working style, a culture, an approach*':

It is a *'thorny issue...making good practice compulsory, because it is what they bring to it'.* (Respondent C)

This difference of view about partnerships is of particular interest - is partnership a 'model' or a 'method' of work which can be transferred to other policy areas, domains, regions and work spheres? Or is it a working style, a culture, an approach which means that, perhaps more fundamentally, it requires more change within institutions and individuals to be successfully implemented? These questions are, as we have seen, reflected in other research and literature in this area (Wong (1998), Miller (1999) and Knoepfel and Kissling-Naf (1998) and Lowdnes (2005). Essentially they raise a key area of debate with regard to social policy implementation: can one simply require partnership working and provide the model, focus and impetus, or is it something which is concerned with a working culture developed over time, and which includes shared values and a history of successful interactions? Are the two somehow inter-related with a requirement for some sort of professional or cultural change in order for the partnership model to become functional? Overwhelmingly, interviewees suggested that partnership working within localities could be legislated for if there was enough direction and interest from the centre; once the interest of the localities was engaged the policy was not apparently conflictual in its relationships between localities and the centre.

[105] Respondent C was not a key player at an early /developmental stage, but was interviewed upon the recommendation of one of the other interviewees. He was an observer of implementation however.

The radical nature of DATs and the drug policy was underlined by interviewees who said that it was important to remember that '*in 1995 there was very little other promotion of partnership working – crime prevention stuff had been neutered and this was a voluntary activity – a drive in a vacuum*' (Respondent F). They characterised TDT (1995) as a first step and in this light Respondent D said that '*TDT laid the basic foundations*' but that '*TDTBB was a more focussed strategy*' with '*a better expression of expectations*' which '*channelled DATs*'. Respondent G developed this further and said that if New Labour had thought TDT (1995) was rubbish '*they would have changed it*'. He described drug policy '*under Tony Newton*' as a '*consensual approach...but the Labour manifesto was different...felt more dynamic*'.

All of the interviewees considered that partnership working increased once New Labour were elected in 1997 and that the DATs provided a model for this development. Respondent G argued that partnership working had undergone '*incremental development*' and was now '*too absorbed into the mainstream of policy making*' to be lost, but that there were still key issues to be resolved – '*money, accountability and legal status.*' It was clearly the view that the DAT model had been developed and used with regard to other policy areas not concerned with drugs, but where a number of agencies needed to work together, or with regard to some of the 'big' social issues of the day. Areas referred to are concerned with youth behaviour, community safety, and concerns about inclusion.[106] With regard to the idea of DATs as a transferable concept, Respondent A said:

'*...I think the Youth Justice Board is a bit sniffy about DATs and think they were a bit amateurish and I think that's probably fair....but in a way they are a legacy from the DATs it is just that they have huge resource and a great deal of focus and energy right from the beginning and loads of money...*'

Respondent A also described the work of the Social Exclusion Unit as a development of the DAT model, describing it as '*a better example....I don't*

[106] We will return to this issue of 'transferability' later in this Chapter.

know if they felt they learnt something, but that is the area....all that area of performance and innovation'.[107]

In this quote the respondent again linked the concept of partnership to performance and innovation, new ideas and a link to outcomes. This respondent also described not only how New Labour had replicated the ideas in other fora, but how they had also developed it:

'What they did, which you could either take as criticism or praise, was that they upped the anti – they threw resources at it – raised the profile – all sort of bigger and richer'. (Respondent A)

Conclusions

In the case of TDT (1995) it is suggested that there was a meeting of a political commitment (the manifesto), combined with a political imperative to be able to account for governmental expenditure, which converged with a dawning civil service energy for implementable, deliverable, outcome and evidence focussed policies. These changes had 'infiltrated' the civil service as a result of initiatives which had been introduced by Thatcher. The ideas about '*deliverables*' had come in from the management sectors. In addition there had been lobbying on the drugs issue for over ten years and this was matched by a growing concern with drug misuse. The combination of these factors with the Conservatives win in 1993 led to the appointment of this new breed of civil servants in some sectors who were concerned to get the job done and who did it through consultation and management consultancy inspired strategies. This directly influenced the development of the TDT (1995) strategy and through this the direction which drug policy was to take; additionally it allowed partnership to emerge within a centrally driven social policy. One described by Respondent G as a '*high profile policy with a local government model as the agent of government policy*'.

[107] The issue of performance is a key concept in this area which will be discussed later within this chapter and which features heavily in the implementation chapter with DAT co-coordinators and others at 'middle' level policy implementation.

Partnership was an idea which had been on the periphery of a number of social policy areas for sometime, but had not been taken up or made to work in any consistent way. It appears to have emerged in drugs policy because it was a way of bringing together the divergent organisations and interests which were inimical to the substance misuse issue. Further, various reports on the work of partnership organisations can be seen to have influenced the way partnerships (DATs) were structured in TDT (1995). Thus, there was an intention clearly signalled from the beginning that the policy was intended for implementation and that there would be in-put at a senior level from the centre. Those working in the area and devising the policy saw what they were doing as radical and dynamic.

Chapter 7 – Local interviews – implementing drug policy

Introduction

This chapter tells the story of implementation within the localities of three drug policies, Tackling Drugs Together (1995), Tackling Drugs to Build a Better Britain (1998) and the Updated Strategy (2002). As we have seen the ideas for TDT (1995) originated from the centre and the following two policies were largely devised there; as we have seen therefore, DATs have been described by some central policy makers as '*the agent of government policy*' (Respondent G).

The chapter focuses principally post-1998 but does look back reflectively, through the use of interviews, to TDT (1995); it considers the change in focus during this time and the way in which the scale and range of initiatives concerned with drug policy were developed 1998-2004. Overall, the changes are viewed by those implementing policy as a narrowing down of the agenda at each policy development. This is explored in some depth. Over this time (1994-2004) the considerable number of policy changes required people in middle government and local policy positions to interpret and develop ways of responding to and implementing them at a local level. Within the policies there were an even greater number of initiatives and this required those working in local areas to respond to and interpret those initiatives and funding streams; and to encourage and support those developing and delivering services in a fast changing environment. In addition, there was a significant growth in the size of the drug sector and a changing profile of those concerned with drug issues from a policy and implementation perspective. This also meant that there were a broader number of organisations whose performance was judged against drug related criteria. The interviews undertaken with coordinators, and which form the bulk of the chapter, consider these issues and their impact on implementation.

The story of the implementation of the drug strategies also considers the themes which have emerged elsewhere in the thesis. This includes why drugs and crime became inexorably linked; the growth and expansion of DATs as partnership forms, the impact of New Labour and the growth of performance management systems to a point which some might describe as micro-management. The chapter also looks at how localities have interpreted implementation and learned to translate government initiatives to meet local needs, the 'room' for such local interpretation and the overall development of the relationship with the centre, including the impact of regionalised forms of governance.

The chapter is based principally on interviews with those implementing, but also developing and interpreting policy within the localities within a centrally devised and driven series of drug strategies. The twelve interviewees were drawn equally from two regional areas and are collectively referred to (in general) as coordinators; however four did not work within DATs but at a regional level and are thus described differently[108]. The interviewees have been anonomised and in this section are numbered in order to differentiate them from the national interviewees. They have also been referred to generically as 'she', although in fact the respondents were drawn equally from both genders; this decision was made to further aid anonymity and again to differentiate this group of interviewees from the national respondents.

Developing policy

Moving on from TDT

TDT (1995) was described by those who devised it as generally welcomed, with cross-party support; despite this they also portrayed it as a radical policy for a number of reasons, one of which was that it sought to engage strategically and with considerable influence from the centre on the drugs issue. It created DATs, taking partnership as a principle. The DATs were

[108] See Chapter 3 for a discussion of the methods and interviewees.

composed of the most senior representatives of statutory services and local authorities in the localities and supported administratively by a coordinator.

When New Labour were elected in 1997 they supported TDT (1995) and it was therefore unsurprising to those involved that although they sought to make changes, they kept the same basic structure in TDTBBB (1998). Respondent G (a senior civil servant) recalled that this had been a '*conscious*' decision in order to keep a '*broadly based model of partnership*' in order to '*drive* (the policy) *centrally to local government*'. The criticisms which TDTBBB (1998) made of TDT (1995) were that it had focussed on structures, received insufficient funding, been implemented in too patchy and short-term a fashion and failed to bring together information about performance and knowledge of what worked. The suggestion was that TDTBBB (1998) would tackle these issues. Further the analysis of what caused drug misuse changed between the strategies and whereas TDT (1995) had presented the issues as broadly 'for discussion', TDTBBB (1998) was much more certain. It drew direct links with social and environmental factors and linked the implementation of the strategy with other policies across the social policy field, in particular drawing out the links with other areas of social exclusion. In addition, it was much harsher about what it considered to be the impact of drug use on communities; and it highlighted social responsibility within a moral framework. The inclusion of other policy areas and a wider range of social policy thinking was unsurprising to national and local interviewees and Respondent G considered that:

'*Most government policies are always amalgams.* (Civil servants and politicians) *are magpies, they nick something from here, there and everywhere,* (they) *relate it to experience, practicality, ideology, particularly New Labour*'.

New Labour also increased the funding available to tackle drug misuse issues and linked this directly to performance, that of DATs and that of the individual constituent organisations. Reporting and monitoring were to become increasingly sophisticated over this period, with targets becoming integrated

into core performance features for individual organisations, such as star ratings for Primary Care Trusts (PCTs) and Health Authorities, for example. Respondent 6 in keeping with all other respondents characterised the period since TDT (1995) as one which had '*changed vastly*' with '*government focussing down onto smaller areas of concern*'. She characterised TDT as '*very wide*', but said that in 2004 drug policy had become a '*focussed operation against those committing crime*'. She characterised her DAT as a functioning DAT with a good reputation and said that the good thing about the level of demand from the centre was that it '*actually brought partners together*'. Her DAT knew that '*elsewhere there was a lot of internal squabbling*' but in their busy metropolitan area there was a '*joined up approach*'. Further systems were portrayed as increasingly 'mature' and this lead to the 'mainstreaming' of performance management systems which extended beyond the DATs into the performance measures for the partner organisations themselves.

Drugs, crime, environmental and social factors

TDTBBB (1998) and subsequently the Updated Strategy (2002) are largely considered by coordinators as more focussed than TDT (1995). There was a sense of development between the strategies that went from one portrayed as an early wish-list, to something which came to include concrete plans and concerns about delivery of specific services. There was also a perception throughout the interviews that drugs and criminal justice issues had become increasingly interlinked. As we have seen Labour MPs had been drawing these links for some time, including Barry Sherman (MP) in a House of Commons debate in 1989 which appeared to have been influenced by the work of Geoffrey Pearson (1987). After that, these ideas appeared to be taken up within a wider New Labour analysis which placed drug misuse in a social and environmental context and focussed on the impact on communities (Stimson 2000; Green 1998; Himmelstein 1998). TDTBBB (1998) is full of references to the other strategies with which it joins and to the overall social policy agenda which New Labour pursued. By drawing the links between drug misuse and social and environmental factors it also meant that it

'mainstreamed' drug policy into a holistic, socially focussed agenda, not one concerned with individual needs and responses. This general shift in perception has been represented as a '*demedicalisation of drug problems*' (Stimson 1987) or alternatively an attempt to see '*the influence of social and environmental processes*' on the drug user (MacGregor 1998). However, it also appeared to suggest that drug users were not 'of' the community, that individuals had a duty to behave responsibly within their communities and this added to a sense that community had (as a concept) become morally loaded and might only be positively perceived (Skidmore and Craig 2004); thus linking the portrayal more widely to New Labour adoption of communitarian thinking (Etzioni 1995; Field 1996) and to the 'Respect' agenda.

This shift in emphasis to a drugs / crime link was a philosophical one which had a direct practice impact. It was reflected in the language and direction of TDTBBB (1998) and thus affected the way in which policy was to be implemented. This was explained by Respondent 7:

'*I think there is a theme and it's got stronger. Ok, the emphasis initially was much more on prevention, education and young people and I think that gradually out of the four main objectives from TDTBB only criminal justice has really remained intact. Prevention and education evidence base has foundered...Enforcement thing has died on the vine – the police accept the impact they can have is marginal, although you have to keep up the appearance. So from a very wide base it has narrowed and narrowed to effectively drug treatment and linking that with the crime agenda. From TDT crime not at the forefront, to TDTBB more of it and the Updated Strategy is almost entirely to my mind about crime.*'

She attributed this focussing down onto the crime agenda to the '*...PM and advisors...and a very naive assessment of what those links are about.*' This was linked to the NTORS research (1998) and the widely vaunted '*for every extra £1...*' analysis of the link between expenditure on treatment and crime reduction. This directly linked the importance of treatment as a crime reduction initiative, thus highlighting a community, rather than an individual

gain from an individualised treatment package. It is important to recall that the PM had introduced the TDTBBB (1998) strategy by referring to *'the vicious cycle of drugs and crime which wrecks lives and threatens communities'* (TDTBBB 1998:3). Such an emphasis might be seen to justify expenditure which treated individual drug users if it could be seen to have a community outcome / impact. Interestingly, and somewhat surprisingly, however this focus was supported by most respondents in the localities who contended that regardless of the aim, the impact had been to improve drug services and thus drug treatment. Respondent 8 demonstrated this:

There has been an *'increasing emphasis on drug treatment as a way of improving individual health and community safety and reducing criminal behaviour. I think it is now in the process of working.'*

Respondents also reflected that there had been a move away from concerns about individuals, to concerns about communities. Thus for those implementing drug policy there was a shift in expectation about where the focus lay with regard to drug misuse and treatment. It appeared to have become more important to think about the impact of drugs on communities, and within that framework, individuals whose behaviour affected them and for which they required treatment. The key lever was, however, that their drug taking was believed to cause crime and anti-social behaviour and that needed to be stopped in the interests of the wider community, or 'greater good'. We have traced the development of this political philosophy in Chapter 2 and there is a palpable shift which was reflected throughout most interviews. This would appear to be in keeping with an analysis suggested by MacGregor and Lipow (1995:17), although about a different period. They suggested that the impact of the policies of Thatcher and Reagan was that they achieved a change in the language of debate which affected *'how we talk about a problem, how we imagine its solution...'* Under New Labour it is possible to suggest that the moral tone and the changing focus from drug misuse as a problem for individuals was successfully undertaken, shifting the concern onto the impact on communities, but in so doing placing a duty on individual drug users to reform for the greater good. Respondent 9 developed this further:

'Coming from a health background was a positive step. We had lots of philosophical debates in the DAT...health with an individual focus and concerned about confidentiality, and criminal justice for the good of the community and neighbours and that being most important, more important than the individual and sharing information to reduce crime. We talked it through and felt that the two are complimentary ...the difference has rapidly diminished and there are some complex issues...need to treat the individual and that helps communities and need a holistic approach...more in common than different.'

Additionally, some respondents saw the shift in emphasis to a focus on crime and treatment as presenting a more holistic or fairer response. Thus, Respondent 1 who was also originally from a health background supported what she perceived as an increased focus on criminal justice issues in the Updated Drug Strategy (2002). Her reasons for this were that:

'for me it made perfect sense...it seemed to me we looked after nice drug users, but chaotic users couldn't get a service and that annoyed me and they were the ones doing the damage to communities and to themselves...'.

This is of interest as this approach is rarely reflected in academic work and represents a shift from a portrayal of enforced or penal-led treatment services as discriminatory or unfair to the individual, to a conception of it forcing the inclusion of the 'not so nice' users with whom services then had to engage. It is also interesting because, whilst the focus on communities undoubtedly impacted on drug users, most of the coordinators interviewed who were responsible for implementing drug policy in two large regional areas with significant drug problems, would suggest that the drug users were in fact those who gained as the result of considerably improved drug services. It would seem, therefore, that the emphasis on communities appeared in the language to moralise, isolate and seek to force drug users to change their behaviour, but in the main it is suggested that the impact has been benign or positive, providing vastly improved services and adding to capacity.

The move away from a wider agenda with a number of targets which focussed on young people, prevention and education appeared, in general, to be popular with coordinators:

'*I've never been convinced by the young people's prevention agenda. I've yet to see any evidence that stuff that they do in schools works....I've more time for targeted work with vulnerable groups, it makes more sense.*'

This was mirrored by a number of speakers and it was usually linked to a sense that there was no 'evidence' regarding prevention; Respondent 4 described how '*young people's element has fallen way back...funding has never grown... – and evidence base to that is not a great winner*'. It may be that in a world which is performance measured and concerned with implementation the concrete, measurable and achievable gains priority. For those responsible for reporting on performance there may be a wish to focus on areas where it is considered achievements can be demonstrated.

Local / Centre Relationships

However, although the general direction of the strategy was overwhelmingly supported by coordinators and regional representatives, traditional tensions between cross-departmental working, central support and drive and the balance between a health or penal led agenda, had not wholly disappeared. Some respondents considered that these issues were relevant to both the centre and localities, but that they played out differently in each. They considered that the issue at the centre was principally about both commitment and control, and thus the interest and the impact of the responsible minister. Their views were formed by how they perceived this impacted on them; thus it was considered that there was a negative impact when the lead minister was disinterested in drug issues and did not have the 'motivation' to support the strategy, exploit potential 'opportunities' and ensure they attracted the necessary 'resources'. This is illustrated by Respondent 5 who said that life had been difficult for DATs under '*Cunningham* (who) *was not interested*' and

that this had allowed the Home Office under Jack Straw (who was interested in drug policy) to '*pick it up and play for it*'. This allowed, in their opinion, for the agenda to move over time to the Home Office[109]. Nonetheless, once this had been achieved, Respondent 2 considered that the situation worsened, because David Blunkett had, (in her view) little interest in the drugs issue as Home Secretary. This view would appear to be supported by his memoirs where he makes little reference to drug policy issues and does not discuss them in the detail given to other matters, such as immigration. For example he refers to the launch of the Updated Strategy (2002) thus:

'*Meanwhile I published the Updated Drugs Strategy which, it has to be said, was pretty widely welcomed...*' (2006:422)

He then talked immediately about other matters. Similarly his references to the reclassification of cannabis are concerned with the media presentation of such matters and how he was (in his opinion) unfairly considered as trying to hide the initiative (2006:312 & 313).

Local policy implementers are, therefore, aware of policy as a process issue and think about how central arrangements impact, for better or worse, on them. Locally, the same issues were portrayed as about '*the ethos of the different professional backgrounds*' (Respondent 4) which led to '*most of the barriers being ideological*' (Respondent 7); this could affect the advancement of partnership working on occasions, or the atmosphere, because debates which people thought were finished with kept having to be had. As we have seen, Miller (1998) has suggested that history and values are key facets of partnership working and that these can affect its progress and functioning. Similarly, Knoepfel and Kissling-Naf (1998) argued that value issues could be supportive of, or destructive to, a partnership structure. Respondent 7 expanded on how this might manifest itself:

[109] Although this did not happen until David Blunkett was Home Secretary.

'Nothing has 'surprised' me, but things do frustrate me. Or the surprise is that you'd expect battles to be won and things to move on – but you still encounter the same battles'.

This related in particular to some health based concerns that a move to a more criminal justice focussed treatment system might lead to a skewing of services, or for drug users to need to behave in certain ways in order to gain help. This related to traditional health / penal discussions about whether criminal justice based drug services gave access to those who would otherwise have been denied them (as research suggested and as Respondent 1 believed – see above) or whether they adversely affected drug taking behaviour, linking it more strongly with offending and giving access to services via that route. Respondent 7 continued to illustrate how this might affect practice issues with a description of a conference she had attended. At the conference a drugs worker had said that:

'people commit crimes to get treatment – (but Respondent 7 said) *I don't believe it, never have – the surprise is that its' still coming round again....fewer people make them and less vociferous, but people will hang on to firmly held beliefs and (are) prepared to quote anecdotal information despite the fact you have lots of research and qualitative information to the contrary.'*

The frustration was that professional philosophies did, on occasions, resurface to affect practice debate when the respondent considered that that this had been resolved. This tension between long-held beliefs which continued to re-surface within a partnership framework was a more generally held view and discussed by many of the respondents. It frustrated coordinators and regional managers alike, perhaps because their role was to achieve consensus and move the partnerships forward in line with the current philosophies. Further, it was felt that the centre did not always help. The large departments of state such as the Home Office and Department of Health were viewed by both the central policy makers and local policy implementers as continuing to work in a departmental way, only embracing cross-

departmental working when forced. This lack of joined up working between DoH and the Home Office at the centre was seen to impact on implementation and this was illustrated by Respondent 4 who said that:

'*community justice and health are uncomfortable bedfellows and this is mirrored nationally at the moment – for example NTDMS and DIR data*[110] *can't be shared because the Home Office and DoH had not worked out a proper protocol to share data between them before the data collection began....this showed the haste, lack of thought and uneasy relationship...*'

Downe and Martin (2006:470) have suggested that in other policy areas within localities the same sorts of issues can be manifested. Thus, they have argued that the '*persistence of sectorally based funding regimes, performance management systems and inspectorates combined with fiercely independent professional networks...*' has meant that '*local agencies still struggle even to share, let alone coordinate their actions...*'. The impact of the centre on localities with regard to implementation is that the lack of joined up work between departments in the past can have a real and tangible impact on implementation and the example of data collected by localities which could not be compared because of a lack of a protocol agreement, provided evidence of this. For those charged with collecting data, feeding back to the centre and being judged on this performance, such a lack of central coordination and forethought is extremely frustrating. It is probable that it is incidents such as this which led to the creation within the Updated Strategy (2002) of a new group, the Strategic Planning Board, which specifically mirrored the composition of Cabinet sub-Committee and '*supports this structure at civil service official level*' (Updated Strategy 2002:60); it was constituted of senior civil servants whose role was to ensure coordination and joint working between their departments. Joined up working between departments at the centre would appear an important but often missing factor (Downe & Martin 2006:470); further concern about this lack was a feature of the testimony of the national interviewees and those working at a local level

[110] Both newly devised databases.

and it was considered that it impacted negatively, on occasions, on implementation. The biographies of Hellawell (2003) and Blunkett (2006) support these views and suggest that cooperation between departments was often missing and competition was an ever present factor. Ensuring the attention and commitment of large departments appeared to be also about securing their political interest. With key players such as DoH, it appeared implementation needed to become '*mainstreamed...into part of their* (individual organisation's) *performance management framework; really woken up health to that...now part of health authority rating...you use what levers you can*' (Respondent 10 – regional manager). She argued, in addition, that it was important to achieve this level of performance review because '*Tony Blair – he's very interested*'.

Role of the PM

As we have seen in earlier chapters the role of the Prime Minister has also been portrayed as important to the drug strategies both under the Conservatives and New Labour. This was attested to by both sets of interviewees with regard to Tony Blair who was considered to have been important both to the advancement of the drug strategy and to the focus on the crime agenda. Interviews with those charged with implementing drug policy at a local or regional level were acutely aware of the impact the support of the PM had and this was raised by a number of speakers, particularly those with strong links to the centre. The examples of how this support was manifested ranged from, why the strategies had attracted so much new money since 1997, to examples of members of the PM's Strategy Unit attending DAT meetings in order to see how they were intending to implement a particular initiative, advising on target setting and returning to review progress. Respondent 4 described her surprise at:

'*..the political interest and the zealous holding to account on spend and the monthly reports and then every three months reporting to the PM and the very enthusiastic notice from the centre..*'

The level of interest and attention for some high profile DATs was considerable and also linked into the focussing down onto particular communities and issues. Nonetheless, the attention was across the whole agenda and Respondent 7 commented:

'*Much as it might pain me to admit this – the reason so much happened and so many resources went to criminal justice treatment is simply because the PM is interested in criminal justice based treatment and with the current administration if Tony says he wants it to happen, it will happen. But the minute he is no longer interested is when the money will dry up and it will change. He continues to have quarterly stock takes on CJIP even in the context of international crises...*'

She illustrated why she thought drugs issues had caught the political imaginations including that of Tony Blair:

'*...if not for the PM I'd say NTORS – almost frightening – NTORS came out with what I thought was a ridiculous equation, £1 treatment, £3..; but what is important is not whether it is true or not, but if people – important people – believe it. Yet flawed, narrow, research, but "treatment works", has been the foundation of drug policy since the proclamation was issued, been the basis of policy and been prepared to commit millions of pounds to treatment. If you want a pivotal moment, I think it's that. And when they stop believing that, you can see it all going...*'

In addition she considered that the key people at a national level with whom DATs had to link were:

'*The Prime Minister's Strategy and Delivery Unit who pay close attention....Directorate of Drug Strategy Unit and ...head of CJIP...they are the people who hold the money*'.

Thus, the power was seen to be based with the PM, and two bodies linked to the criminal justice agenda and based within the Home Office. This illustrated

the impact of moving support for the drug policy to the Home Office and away from the Cabinet Office in 2002 and suggested that there was less cross-departmental attention given to the strategy, other than via the PM himself.

Impact of the centre

The centre was felt to impact directly on the localities and, as we have seen, the view from the centre amongst some key senior civil servants was that TDT (1995) had been a centrally derived strategy which was 'driven' to the localities. The relationship between the two with regard to the implementation of drug policy was, therefore, pivotal. There were a number of factors which localities perceived affected this 'drive' from the centre, amongst which were who was perceived to be 'in charge' of the strategy. Tony Newton as Leader of the House and with overall responsibility for TDT (1995) appears to have received almost universal respect. It would seem that the strategy was clearly perceived as under his control and that its placing was a crucial mirroring of '*inter-departmental working – a real sign...*'(Respondent 5) which impacted on Chief Officers who '*did not know how to deal with it*' because it broke the old rules and departmental hierarchies. Further it was an '*opportune time and a good DAT coordinator could ... get things through*' (Respondent 5), which again suggested that it was possible at this moment to get beyond departmental and organisational boundaries, or that there was an expectation that this would be sought. At this point there was, therefore, a perception that politicians and other policy actors had moved towards a more strategic approach to the 'drug problem' and had done so through the creation of a clear policy and structure for implementation with reporting mechanisms back to the centre. As we have seen, this approach sought to be radical and to bring into play some of the emerging social policy agendas of the time – partnership approaches and performance management in particular. These can be clearly observed in the TDT (1995) strategy where the partnership approach was built into the strategy and mechanisms for communicating between the centre and local authorities were instituted. The policy was also one shaped by the emerging central policy concerns with implementation and

the ability to evidence this through the use of key performance indicators (KPIs) which would be subsequently monitored.

Interestingly however, the testimony of the coordinators often mirrored that in the autobiography of Keith Hellawell which characterised considerable in-fighting for power and control during the New Labour period, which they felt had, to a degree, destabilised the drug strategy[111]. In some senses, therefore, this offers a contrast with perceptions of New Labour's 'over control' of strategies. Downe and Martin (2006:473) have portrayed a similar pattern, however, with regard to other policy issues in localities where it was considered that '*divisions within the Government exacerbated the sense of a lack of clear direction and that this was unhelpful*'. This is seen as particularly problematic as localities were in a '*decade of unprecedented change*' and thus felt that the government were introducing '*too many policies too quickly*' (Downe and Martin 2006). The pattern for DATs was remarkably similar with a series of new initiatives and a considerable uplift in funding post 1998; consequently, a lack of clear direction or control from the centre was considered to be destabilising, particularly within a partnership framework. Thus, Keith Hellawell was portrayed as a '*face that went on Richard and Judy*' (Respondent 2) although this was, to some extent, seen as a useful role, which brought recognition to the drugs issue. Additionally, Respondent 5 suggested that at first '*when the government changed it stayed the same and Anne Taylor and Hellawell brought the centre together well*'. However, she considered that they had '*ignored DATs and it was the start of the rot*'. This was characterised by a lack of trust between DPAS and DATs with the '*Home Office using DPAS to lever the strategy in*'. Hellawell's lack of interest in DATs is somewhat surprising given he went into central government directly from the localities, however, his own memoirs make clear his time was spent involved in considerable in-fighting at the centre and that he appeared to show little respect for or connection with DAT chairs, of whom he had been one (Hellawell 2003).

[111] When asked, just one of the coordinators – Respondent 2 - had read the autobiography at the time of interview, so it would not appear to have directly influenced their own opinion.

The responses from the local interviewees about this period are interesting because they appear to show that divisions at the centre brought less connection with the centre, although this was also impacted upon by New Labour control of strategy which was not happy to leave things to be interpreted locally. This mixed pattern can be seen in other government policy initiatives under New Labour and some suggest that it is a deliberate effect '*designed to maintain support for 'change' across a range of groups*' (Downe and Martin 2006). Thus, interviewees in the localities described the '*levering in*' of strategies at locality level through long-handed bureaucratic structures, such as DPAS and latterly the regional Home Office drug teams and the NTA. However, it would also seem that there was a perception that under New Labour the focus was really on the centre, although the implementation was to take place in the localities. The driving force behind this was seen as New Labour's need to be able to evidence implementation to the public and demonstrate the impact of their 'Third Way' strategies. Thus, although the rhetoric of New Labour was more pro-locality based decision making than the outgoing Conservatives, the reality was, on occasions, quite different (Downe & Martin 2006; Lowdnes 2005: Davies 2005). TDTBBB (1998) and the Updated Strategy (2002) did not, as it was suggested TDT (1995) had done, let a '*thousand flowers bloom*' (Respondent G).

Further, the Drugs Czar was perceived as not having the power centrally to effect strategy or to make an impact:

'*I know there was a big debate about the Czar. I liked Keith Hellawell...I know it was a media machine, but ultimately for a DAT Chair there were key lead individuals that you could bring in when someone was dragging their heels...The Drug Czar didn't work because he didn't have political clout and you won't get anywhere without it..*' (Respondent 3)

Respondent 5 described this lack of impact by the Czar with a telling illustration:

'Hellawell got all the Ministers to send a letter to Chief Officers, but the DFESS sent a letter and put on the bottom, but only if you have time. So to the Chief Execs of Education this signalled a message. It needs to be a common message; they will dance around if you don't have it; if it's not their driving issue or personal interest it won't happen.'

In this sense, the confusion and struggles for control which Hellawell portrayed in his autobiography appear to have mirrored that felt in the localities and which DATs appear to have experienced at this point in time. Respondent 2 characterised it thus:

'about two years ago[112] *it was really hard for DATs, it was nearly a case of being airbrushed out of history...Blunkett saw DATs as a development but not as addressing areas he wanted addressed.'*

Respondent 5 described:

'Mo Mowlem wanted to keep it in the Cabinet Office, but after that the Home Office got it, for DAT coordinators you didn't know who was in charge – it was very confusing. We were all lobbying for the coordination to be under one roof, but they put it all under the Home Office and they have never been able to understand local decision making.'

Respondent 3 suggested that the difficulties and changes which occurred as a result had led to a point in 2004 when:

'no-one now is really quite sure who the key links are...I think it should go back to the Cabinet Office, it helps everyone to see across the whole agenda'.

She developed why she considered this the case and used an interesting example:

[112] About 2003

'*..It's always been the debate – that it is all about crime, and it is not. We have the best treatment we've ever had, but because of the lead role, people get a bit confused and maybe lose some enthusiasm and so we have to win it back.*'

This is an area which has clearly been problematic from the beginning and which has not been wholly resolved. Some saw the tensions over the drug issue between the Home Office and Department of Health as related to which department was most able to 'profit' by it. Thus:

'*..for the Department of Health it is right at the bottom of their priority list – there are no votes ... in more money going to junkies – but for the Home Office there is money to say there are more coercive approaches and treatment to lessen crime.*' (Respondent 7)

Other equally sweeping changes were perceived by interviewees. Respondent 6 considered that a lot had '*changed over the last ten years – less local initiative and more and more centrally driven.*' She felt that in some parts of the country this was needed, but within her area they '*work(ed) well*' together and thus there was a '*need to be able to respond to local areas*'. There was a sense which developed during the interviews and when seen as a whole, that New Labour had increasingly, over the course of its own two strategies, begun to relate to DATs more individually, recognising those that worked well and intervening directly with those that did not. This appeared to have become a regional issue and one that was driven by a concern to implement policy. It would seem from an analysis of the interviews that regional relationships have principally replaced direct contact with the centre and we will consider this again later in the chapter. In some senses this is supported by the empirical work of Downe and Martin (2006:485) who have suggested that other New Labour policies and approaches to local government can be viewed as having:

'*the hallmarks of a classic evolutionary strategy which has been fine-tuned and adapted over time as circumstances have changed and the weaknesses of some of the initial proposals have become evident.*'

This suggests what we have seen elsewhere in the thesis: that there is an increasing sophistication which comes through what can seem rather blunt and all encompassing policy ideas and approaches. The links with regional government may be responsible for developing the level of detailed knowledge and contact that allows this to occur, mediating the relationship with the centre. Others have argued that the different ways in which policy implementation is resolved in response to local variations and partnership styles of working has effectively returned power to local authorities who were '*...increasingly expected to play a strategic role in coordinating different initiatives*' (Wong 1998). The impact of the centre, issues of leadership and attention are clearly felt within localities and are important to the advancement of the partnership agenda because of the need to achieve 'buy-in' from a number of organisations who have to be able to see this as within their own organisational, as well as partnership, interest. Within this the numbers of initiatives to which individual organisations and partnerships had to be able to respond could be seen to place a burden on them (Downe & Martin 2006) and this was difficult where direction was required about local priority setting, which was also in line with local needs, organisational needs, partnership needs and demands from the centre. The findings in this thesis appear however to be in line with Powell and Exworthy (2002) who have noted that:

'*The effects of change programmes do not flow directly from the intentions of those designing modernisation programmes or specific policy initiatives, but from the way competing pressures are resolved on the ground.*'

Or perhaps, are resolved by a negotiation between the horizontal and vertical policy dialogue; thus by the centre and localities.

Implementing policy

Speed and scale of change

'*It is unbelievable what has happened – the huge investments*'.
(Respondent 4)

This view was in general reflected throughout the interviews. TDTBBB (1998) detailed how expenditure in 1997/8 was estimated at £1.4.billion, in comparison with £500 million in 1993/4 and, by 2002, the Updated Strategy (2002) announced that nearly £1.5 billion would be spent '*directly tackling the problem of drug misuse*' in the year 2005/6 and gave a detailed budget breakdown. Equally, the sums of money handled by DATs changed considerably. Following the period under review, on 21 June 2006, the NTA issued a press release saying that the '*NTA receives a substantial uplift for drug treatment*' which amounted to £385 million to be distributed to DATs via PCTs – an increase of 28% over 2005/6. The press release said that since '*March 2002 central funding for drug treatment has grown threefold*'. This demonstrated the scale and size of the growth of this sector in general and in particular since the early 1990s. It also highlighted some of the issues referred to in other research on partnerships, which is that funding continued to be '*funnelled through 'silo-based' funding streams and inspection regimes*' (Downe and Martin 2006:482), consequently leading to some organisational confusion about priority setting and negotiating demands. For DATs, central government began to 'ring-fence' monies so that they could not be lost in generic health budgets and while performance targets measured spend, the NTA tracked expenditure. However, this provided DATs with some stresses because of the partnership base with organisations having their own demands and targets to meet as well as the DATs.

As we have seen there is, in general, acceptance that this period was, for localities, '*a decade of unprecedented change...*' and this had '*profound implications for the governance of local communities and management of*

local services.' (Downe and Martin 2006:466; Lewis 2005) Respondent 3 described it for DATs thus: we '*live in a very fast moving social policy agenda world*'. And Respondent 6 considered that on occasions the '*number of initiatives has been mind-boggling*'. This pace was clearly reflected on as:

'*very stressful – more so over the years, not because of managing the team, but because of the number of initiatives and because of the performance management and KPIs they build around them all the time*'. (Respondent 6)

Again a link was made, not just with the development of policy which was then pushed out to localities, but on the expectation and demands from the centre to implement policy and deliver results. The level of this demand was highlighted by Respondent 2 who said at one '*period I was getting ...12 emails from the NTA and GO* (Government Office)*...in one day*'. She indicated that the '*pace of change has slowed down a bit recently*' but that DATs still *'don't get notice – just get a roll out quite quickly*'. Her particular DAT dealt with this by meeting the *'deadlines ...because it's easier to, but there is a lack of feeling about what is important / not important.* (Centrally, there is*) no recognition of local issues...*'.

This lack of responsiveness from the centre on occasions, or concern about the impact of this scale of change and the incessant demands placed on localities has been demonstrated in other studies (Downe and Martin 2006) and was also voiced by Respondent 9 who gave an example of how this might impact:

'*..sometimes the guidance comes too late and you're told to do things too quickly and you get the detailed guidance after you've started and they actually wanted data and you have collated the wrong information..*'

This example helps to illustrate how localities have sought to respond to government demands and initiatives and Downe and Martin (2006;471) have demonstrated how this has impacted more generally on local authorities who have been required in other areas to '*submit scores of statutory plans and*

provide data on hundreds of statutory performance indicators.' Further, the example serves to highlight general concerns across the interviewees and this was voiced by Respondent 4 as:

'(there are) *some concerns that we may be pushing on too many fronts*'.

Respondent 5, however, talked along with others, about how the implementation process had matured as the centre began to understand that '*they couldn't just say it would happen, and it would...One year we had 74 or 75 new plans – they were all over the place.*' Again, as discussed above, this did indicate an increasing sophistication on the part of the government which is in line with other research findings (Downe and Martin 2006). It seemed to show that central government was beginning to understand the need for a differentiated response to individual localities, although within a more general framework. This appeared quite often to be managed by the performance management 'overseers' in the regions, namely government office teams and the NTA; this is considered in more depth later in the chapter.

Thus for many working on implementation there have been the issues of speed of change, the scale of change and the demands to feed information about implementation back to the centre. Additionally, localities are constantly facing and responding to central concerns and not necessarily those arising from their own local issues. How this might impact was demonstrated by Respondent 8 who said:

'..sometimes we are at odds with what happens nationally – when you're in the Home Office and at a distance from it you can get knee-jerky and so locally you can get siphoned off into areas that aren't a local priority...'

Furthermore, the detailed reporting mechanisms have become workloads in themselves and there is a 'chain' of holding to account; Respondent 3, commenting on her last Action Plan described the '*53 KPI's, and that's what I hold people accountable to – government offices ring me and performance manage me...*'.

Speed and scale of change – and the impact on the voluntary sector

The speed and scale of change also affected the voluntary sector that has been largely responsible for developing and delivering drug treatment services in communities and within the criminal justice system more generally. New Labour came into power determined '*to build a culture of partnership with the voluntary and community sector, as part of its determination to improve the delivery of public services...*' (Lewis 2005:121) and they have played a significant role in the development and provision of drug treatment services in particular since 1998. This role was reflected on at some length by most coordinators and capacity was seen as a particular issue. Respondent 4 said:

'*...voluntary sector organisations have suffered from all the interest in this area...and the services just can't be staffed – there are not enough experienced and qualified people – there is a resource gap in all – 8,000 extra jobs have been created nationally, of course there weren't the people.*'

This arose from a need to cater for demand which had been created by the speed and scale of change and by a commitment for service provision to come from the voluntary sector as part of the governments' wider agenda (Lewis 2005:123, 4,5). Specifically, the voluntary sector played a role in programmes '*designed to take forward the government's commitment to tackle the problems of 'social exclusion and to promote opportunity and responsibility in the so-called 'active welfare state*...'(Lewis 2005:123) and, as we have seen, this was exactly where New Labour saw the drugs strategy as sitting in policy terms. The impact appeared, from the perspective of the interviewees in the localities, to have placed a demand on voluntary sector services with which they could not cope. Respondent 6 described the government's approach thus:

'they planned the war without the peace and not really evaluated if the troops on the ground could deliver'.[113]

Most respondents considered that voluntary organisations *'mushroomed overnight'* (Respondent 6), but that training and staffing levels had been inadequate to the demand and that consequently treatment services were undermined by these factors. As commissioners of these services coordinators had some concerns about the demands which they were required to place on the voluntary sector:

'...independent sector haven't really developed...and weak leadership; some organisations spend their time fund chasing but not sustainable development'. (Respondent 2)

The speed and scale of change therefore brought distinctive benefits, increasing the level of resources and attention which the drugs sector received, however it also brought disadvantages. The centre made demands on localities which they found difficult to cope with on occasions and they, in turn, placed a demand for service provision on the voluntary sector who also found it difficult to meet those demands. In this atmosphere it is perhaps no surprise that Lewis (2005) would conclude that the voluntary sector have, in the main, remained unequal partners in New Labour's *'broader aim of democratic renewal'* in part because in order to respond to the demands for service provision, they have seen *'substantial growth'* and consequently remain largely instrumental providers of services and not equal partners within a partnership framework.

[113] This was an issue about which there had been concern voiced for a number of years.

DATs and partnership

The role of the coordinator and the DAT structure

There was a clear sense throughout the interviews that DATs had changed considerably during the three strategies. In earlier DAT development it was considered that no-one from the centre had taken cognisance of the skills needed '*to stand up and explain policy and broker deals across agencies*' (Respondent 5). In her view '*DAT coordinators were originally champions for the drug policy and had to be...they were people who knew how to get things done.*' In this analysis Levin's (1997) motivational, opportunity and resource factors appear most applicable because coordinators had the space to interpret policy and to act as the driving force for drug policy locally using the available procedures and structures and taking the opportunities which were afforded with the authority of a drug strategy and a powerful and interested centre in the CDCU and Tony Newton. Under New Labour's strategies however interviewees saw a massive expansion of DATs tasks, responsibilities and resources, but appeared to be more constrained in their powers of interpretation of policy for implementation. This was described by Respondent 6 who suggested that the impact was that DATs were '*more and more engrossed in bureaucracy and less out there in delivery; it constrains our imagination and we are drilled into delivering tasks*'. It could, on occasions, feel that there were '*so many lords and masters*', who comprised the NTA, PCTs and local authority (Respondent 6). Additionally, Respondent 5 characterised CJIP as a policy point when change could be pinpointed. The introduction of this initiative included all sorts of structural factors which were given by the centre to the localities, and which they had to put in place; these included details like salaries and the person and job descriptions which had accompanied CJIP managers' roles.

If we consider whether Levin's theorising helps in the deconstruction of the key factors regarding drug policy development and implementation between 1994-2004 we can see that it appears useful at different stages in

understanding how policy is developed. At the implementation stage in DATs, however, the most critical time appeared to be in the early stages when coordinators had most flexibility and thus the ability to exploit factors such as motivation and take opportunities and tap into resources as they became available. This analysis also fits with Respondent A's description of how TDT (1995) was envisaged, which was as a policy which was flexible enough that people could adapt it, but constrained enough that there were tasks which they had to undertake. This is supported by other research which has suggested that many of the local government policies which have been adopted in recent years contain an '*initial vagueness and subsequent vagaries*' which are useful tools when policy is to be implemented and it is unclear '*what will work best*' (Downe and Martin 2006: drawing on Geddes and Martin 2000). The suggestion is that this has also occurred under New Labour and coordinators did reflect on how this was achieved within what clearly became more constrained policy structures.

DATs as local implementation partnerships structures

Respondent 6 characterised her DAT as a functioning DAT with a good reputation and said the benefit of the level of demand from the centre was that it '*actually brought partners together*'. Her DAT knew that '*elsewhere there was a lot of internal squabbling*' but in their busy metropolitan area there was a '*joined up approach*'. Respondent 3 described how her DAT Chair considered:

'*DATs to be the cheapest partnership structures in the country*'.

Whilst Respondent 8 thought that:

'*...if partnership doesn't work it would be a bit like saying "you're crap at your job", because that is your job to get them to work in partnership and not in their silos*'.

The view from most respondents was that 'leadership' was required to make DATs functional. Respondent 5 described how they had '*resolved the leadership issues*' within her DAT and subsequently other DAT members '*need to respond to that*'. Where DATs had been less functional there had clearly been strategies which the NTA or GO had been involved in developing to change that situation. Thus, Respondent 1 suggested that when she came into post her DAT was '*known as a virtual DAT because they never met; there was no strategic overview – people were cobbling bits together...*' Her job was to change that and she was now '*...consolidating the structure and setting up joint commissioning...*' Further, Respondent 3, had for example, been seconded from a functional DAT into another one in her region in order to bring expertise into what was seen as a failing DAT.

Respondent 8 made a clear link between national strategy and local delivery when she said:

'The role of the DAT is the vehicle by which the national drug strategy gets translated into local policy and take that and local problems and develop a strategy to fulfil local need and the drug strategy'.

The example which she gave to highlight how this worked in practice was that they had interpreted the CJIP strategy to allow them to further develop rapid access into drug services for someone who was charged with a trigger crime and tested positive for drugs. They had, however, developed this to include those charged with '*low end crime such as shoplifting and begging*'; because those crimes were also '*why (the) community hate drug users, because of their anti-social behaviour*'. So in this DAT area, they had also adapted an Office of the Deputy Prime Minister's rough sleepers initiative to local circumstances in order to fund rapid access services. This sophisticated manipulation of a variety of initiatives was visible in a number of the areas which appeared highly functional and had been over time. The benefit of operating in this way was that they were '*doing what the government want and what local communities want*' (Respondent 8). This adaptation of a number of different government initiatives to local circumstances, and the

identification and utilisation of different funding streams, is a sophisticated advance from TDT in 1995 and clearly fits within Levin's (1997) analysis of the policy process. It is also congruent with Downes and Martin (2006) who have suggested that if one looks at '*intended outcomes rather than the means of achieving them*' during the New Labour period of locality orientated policy then it is possible to discern '*a remarkable consistency*' in ministerial speeches, statements, government reports and guidance. This is true of drug policy where New Labour clearly pursued a vision of how to tackle drug issues in the UK. They did this by increasing resources, diffusing direct relationships with the centre through regionalisation (as with other locality based social policies) and apparently issuing more directive implementation requirements to localities. However, where DATs were functional it appeared that they were much more likely to be allowed to adapt policy initiatives or to take the initiative to do so; and this was a new policy sophistication. Where DATs were not seen as functional, the regional structures were brought in to provide another tier of management to ensure implementation.

Thus the '*one size fits all bureaucracy*' (Respondent 2), which some respondents described as the more recently permissible approach to the current drug strategy, appeared to be particularly related to the performance management functions which had been foisted onto DATs and through which they were heavily managed. However, within this framework there was some room for manoeuvre for those who found a way. Thus Respondent 2 also described how they had been able to respond to some of their own local needs through the formulation of a Khat[114] community consultation exercise and had also put together some work around cannabis, with the intention to '*link it to early interventions and dual diagnosis*'. There was a sense therefore that where DATs were functional there was the possibility within the performance management framework to respond to some central direction; they '*tell you what to include but not interfering so much*' (Respondent 2) and as a result it was possible to build specific localised responses within the current strategies. Wong (1998) also found in his research that partnerships

[114] A mild stimulant which is not illegal and is used by particular communities, for example the Somali community.

increasingly learned '*how to manipulate the game rules*' and this might be seen to have made confident coordinators more relaxed about the overall agenda. Thus Respondent 8 felt that DATs could influence the central agenda and suggested that:

'*...things can change...tend to not see things as a permanent barrier...*'

Respondent 3 described however how:

'*me and some colleagues got very angry a few years ago. There was lots of media coverage of ...The Home Office thought DATs didn't work and acted as though we were all the same and it was when a push went for integration with CDRPs and there are just as many weaknesses in that style...*'

DATs have successfully lobbied against this being a requirement since that time and there were a number of DATs which appeared to be highly functional. Further, there were areas of implementation which respondents characterised as '*spectacularly successful*' (Respondent 6), such as the bringing down of waiting times and these were described as buying DATs considerable goodwill and support at the centre; this was particularly related to the PM and his team. Once again, therefore, the evidence would suggest that Powell and Exworthy's (2002) assertion that the *'effects of change programmes ...flow directly from...the way competing pressures are resolved on the ground'* is visible within the implementation of drug policy; and that the policy process from the time of policy development to implementation results in '*an uneven patterning of uniformity*' (Lowdnes 2005).

'Professionalisation' of partnership

Partnership styles of working have been represented as new institutional forms because they incorporate '*consciously designed and clearly specified*' (Lowdnes 2005) rules for behaviour and engagement, such as a structure and performance plans or agreements. Interviewees reflected on how this sense had developed over the course of the drug strategies from TDT in 1995

where:

'I was advised when I got involved in drug issues that it was seen as a narrowing down of your options; but now it is seen as working across agencies and people are starting to realise it's more of a skill and that (some things) can only be delivered around partnership structures and DATs were in the vanguard...' (Respondent 5)

This provides an example of how partnership working has, to some extent, been 'professionalised' over this period in a whole range of social policy settings, but particularly around drug issues. TDT (1995) can perhaps be characterised as a naive exhortation to partnership working with a small budget to allow for the coordination and administration of those functions; perhaps an expression of an earnest wish. However, under New Labour there was a sense that this exhortation became structured and channelled into a demanding and rigorous performance management structure and expanded across a whole range of social policy forms, thus becoming more generally applicable (Downe and Martin 2006; Newman 2001). However, New Labour have done little within each strategy to affect the role and structure of DATs. They have more closely aligned them to local authorities, but for some this did not improve their links with other organisations. They have also tied them into CDRPs and Local Strategic Partnerships (LSPs) and other reporting functions. This could be interpreted as making them more community centred and structurally embedded; or it might be interpreted as weakening their links with some other agencies and subsuming them beneath other strategies.

In terms of the DAT delivery team, however, Respondent 3 said she had a '*very strong team*' and attributed what she saw as the success of her DAT to their '*infrastructure*' which she thought they had achieved '*by default, as the government did not dictate a DAT structure*' and thus they had spent some time considering what their structure needed to look like in order to implement the government's strategy. Respondent 1 who managed a DAT in a very different geographical setting from Respondent 3 also considered the DAT

delivery team as a key part of their functionality. She described how she '*had hand picked my own team and we are seen as very dynamic and get things done – we have made new in-roads.*' In this sense DATs have been able to respond (or not) to their local circumstances and perhaps this is one area where they have been able to retain a localised identity; through the creation of a staff team and a structure which are responsive to local need.

Although New Labour have not dictated structure nor made DATs statutory, they have aligned them with other partnership functions, and have continued to use DATs as the mechanism for implementation of drug policy. Additionally, as the demands around implementation have increased, so have the size and responsibility of DAT administrative teams and the role of the coordinators. Respondent 5 described how around 1997/8 she was '*forced*' to become a fulltime coordinator with administrator, making just two of them. This changed, however, so that the DAT team she had worked for then, now had eight staff and her current team[115] had '*twelve, probably growing to sixteen*'. The DAT team working to Respondent 6 constituted fourteen people and they were currently recruiting a further five people, making a team of nineteen. Amongst that team there were three '*senior managers*' who reported to the coordinator. The DAT was chaired by a '*Chief Executive of the Board*' who was a member of the DAT and amongst this group the post '*mainly moved round and they have all chaired for a year*'. This pattern was the same in a number of DATs, for example that of Respondent 8 and the original team of Respondent 5. However in some areas there was a move to paid Chairs and this was true of the current team of Respondent 5 and Respondent 3. Further, all of the coordinators interviewed had been in post for some years and were all now in senior local authority or Health Authority management posts.

The increased level of bureaucracy contained within the performance management systems developed, has undoubtedly driven much of this expansion, with the need for people to manage different funding streams and

[115] This coordinator had been temporarily seconded from one DAT to another

respond to the various requests for data. The role of the coordinator has, to some extent, expanded to include being a '*broker*' between agencies and a '*champion*' of drug issues locally, as well as being a senior manager with a significant budget. Respondent 3 described her post as:

'*My role is to get in there and keep Chief Officers working to the strategy – to kick ass on occasions...DAT is about the partners, my role is about leadership – it could be as a trouble shooter or getting people to come on board...One of the most overused phrases is 'hang on I've got a day job' my role is to get them to see this is crucial and getting it mainstreamed...*'

Additionally Respondent 3 said she saw her:

'*...job as about doing – it's where I disagree with some of my DAT coordinator / manager colleagues – we bring in the expertise and do the work or we won't get the job done – I have a responsibility – the partner's add a lot of money to our structure at the end of the day*'.

Although she characterised herself and her team as more proactive than some coordinators considered appropriate, in fact all of the interviewees described their role in a similar way. Respondent 6 saw her key roles as to ensure:

'*that all partners are signed up to the national strategy and that their policies reflect those key national policies and that we wed all of those plans and that a substance misuse agenda is in there and that partners see us as a resource...*'

What differed was how much some coordinators and their teams advised partner organisations but left the tasks to them, and how much they used their teams to undertake the tasks themselves. Thus, for example, whether the writing of Action Plans and KPI setting was undertaken by partner organisations under DAT guidance or whether the DAT staff team wrote them and they were subsequently agreed to by members. However, with the

increasingly large staff teams most appeared constituted to undertake specific roles and to include those skilled in a number of areas. Thus, one DAT had five managers who worked to the coordinator with responsibilities ranging across CJIP, commissioning, training, young people's commissioning and criminal justice and partnerships. The managers also had staff teams working to them, for example a team used only for training purposes. Additionally, a DAT team might include an information officer, a user and career advisor, as well as administrative and support staff.

Furthermore, the inter-linking of strategies and the '*mainstreaming*' of KPIs into organisations' own 'home' agenda also appeared to be occurring with more frequency. This may be a sign of increasing policy sophistication with a whole framework of performance management systems coming into play and inter-linking a variety of different initiatives or funding streams. This would be a positive innovation and is at odds with criticism of other social policy strategies delivered in the localities, where it has been considered that the performance management functions and funding streams have remained in 'silos' and not been mainstreamed or adapted across the partnership functions, thus weakening implementation (Downe and Martin 2006). Respondent 10 described how she considered it part of the NTA role to achieve this mainstreaming and so making sure that you '*use what levers you can...*'. Additionally, Respondent 4 highlighted how practically this was achieved; thus the number of GPs providing primary care to drug users and the number of people in drug treatment now form part of that PCT's '*star rating*'. She commented that '*it is interesting how embedded the strategies are getting now with things like star ratings and how complex working out these crossovers between agendas must be*'. The role of the regional organisations in forming and negotiating these links appeared to be significant.

DATs, regionalisation and other partnership links

In general, throughout the interviews, the NTA and to a lesser extent GOs were well considered. The coordinators interviewed were drawn from two

regional areas and there was a noticeable pattern with one area eliciting more positive responses. However, Respondents 1 and 5 were from the same region and differed in how positively they considered the regional teams were able to provide the support and advice - which was their functional role; this was despite the fact that both were in DATs that were or had been, less well functioning.[116] However, Respondent 9, also from the same region, considered that NTA and GO regional managers could be useful as '*some of their managers are very good at problem solving and...help to broker things with the centre.*'

Linked to the issue of regionalisation was also the issue of '*coterminous boundaries*'. There was a mixture of views about whether it was or was not helpful for DATs to become coterminous with local authority boundaries. In general this response was influenced by whether it made them coterminous with other agencies such as the police and health, or whether by the change they '*lost coterminosity*' (Respondent 9). Respondent 3 considered that it '*makes it much stronger and links us in*' by introducing the local authority boundary link and that this was a benefit because there was a '*consistency with 149 DATs and local authorities*' and with other strategies such as CDRPs.

However, the coordinators interviewed covered a mixture of 'County DATs' and borough-wide ones. A typical response about the issue of coterminous boundaries and with regard to other issues, about which they had sought to influence the centre, was that they had:

'*... tried to explain that a one size fits all national solution wouldn't help and asking for a flexible solution, but that did not prevail...*'.

This represents an apparent change from TDT (1995) where Respondent A had said that the principle behind the strategy '*was loose and flexible – quite prescriptive about the reasons, but not at all about how.*'

[116] One of these coordinators had been seconded to the less well functioning DAT from a functioning one for this reason.

The ability to affect policy making at the centre or mitigate the local impacts affected other policy arenas too. Thus Respondent 1 described how current drug policy was essentially an urban policy and that it was difficult to get the centre to appreciate this:

'*Sparsity is our problem...funding is still dominated by deprivation factors but it needs reviewing because it is twice as expensive to deliver services in a rural area and so it is very, very costly and problematic.*'

Respondent 5 talked less about the impact of regionalisation itself and more about the gap in support she felt there had been throughout all three strategies. In some sense this represented a general mood amongst coordinators in feeling less directly connected to the centre and less consulted and more required to respond and deliver. She described it thus:

'*DAT coordinators have been really left out in the cold with very little support.*'

She was concerned that DATs were now responsible for managing very significant sums of money and '*a very complex agenda – we are equivalent in size to the (local) Probation Service*'. Chairs were still largely voluntary, although there were two paid Chairs in the DATs areas where interviews took place and one of the interviewees was a paid Chair. One of the paid Chairs was situated in a highly functional and well-connected DAT and one in a dysfunctional, but very visible DAT area and here the paid Chair was part of a response to the problems and drift which was perceived to have occurred in that DAT. Some coordinators also considered that DATs should be statutory organisations and this is an argument that has exercised opinion almost from the point of formation; the mixture between partnership and voluntarism and between compulsion to act and statutory responsibilities. It is, in part, a response to a need to make sense of the new institutional forms and perhaps a need to see partnership as something more concrete than '*the rules of the game*' (Lowdnes 2005 citing Huntington 1968). Respondent 3 said:

'big, big agenda – my Chair and I believe DATs should be a statutory body in their own right and we get that status now from CDRP, but aligns us to the crime agenda...'.

This issue was not discussed by all coordinators. However, the issue of merger, or alignment with CDRPs generated a range of views. Across the DATs there had also been a range of responses to the suggestion from the Home Office that they should / could align with the CDRPs. Respondent 9 described the response within her area as an '*evolutionary approach*' and some DATs had made a definite decision not to align the two. For example Respondent 8 considered '*it would've been a retrograde step to merge the two ...because drugs is such a priority issue... (here)...and health are a very important partner..'* and the issue was that whilst they and the PCT played a key role in the DAT they had missed both meetings of the CDRP since they were made statutory members. Additionally, Respondent 5 voiced concerns that any merger would lead drug issues to 'lose championship'. Where there was concern or opposition it was more likely to be in a functioning DAT area. Further, it was usually centred on a view that the alignment placed drugs issues too firmly in a purely criminal justice arena and would lose the key aspects which flowed from the involvement of health based organisations. Respondent 8 said that the '*Home Office are quite flexible about it all now, you just need evidence that the two are working together*'. In her view the requirement to merge had been because the government thought:

'...DATs were working well and saw that health were involved and so they wanted those lessons from partnership brought into community safety'.

Additionally she considered in some places there were issues about a lack of joined up working between the treatment and enforcement sides of the agenda which were pursued through the different groups. What may be shown is that by drug policy sitting under a Home Office remit it was possible in this instance for departmental priorities to appear to have been prioritised over a partnership strategy linking health and criminal justice functions. It would seem, therefore, that flexibility was wrung out of the circular regarding

alignment, but it is not clear whether or how the regional teams played a part in what appear to have been purely local DAT based decisions. Essentially, therefore, the regional teams appeared to work most as a conduit for information and instructions to flow from the centre to the localities. Many coordinators reflected their frustrations that they had not been able to make the centre take on what to them were key local issues which affected implementation. Nonetheless there had been movement from the centre on issues such as joining / merging with the CDRPs and thus there clearly was a flow of information which had an impact on implementation and the course of the strategy.

Achieving implementation?

Two initiatives within the drug policy frameworks were raised in interviews by interviewees and were used by them to highlight what they felt had worked well in policy terms and what had not. There was significant overlap in how these two initiatives were considered and they will therefore be used to demonstrate how policy initiatives were considered by localities and how they impacted on them and were made more, or less, easy to implement.

Communities Against Drugs

In response to the question: 'can you describe what has not worked well' there was a general view that the initiative Communities Against Drugs (CAD) had not worked. Respondents described it both as a 'surprise' and a 'lost opportunity'. Respondent 1 said:

'CAD didn't work well in two-tier authorities....Any money seemed a lot .... and it was difficult to implement because they all thought it was their money and some of that is still going on. It was also difficult to influence that spend. It was very frustrating; some of the money was spent on things that were so off the wall.'

Respondent 1 described how the different sections or wings of the government offices were unable, at this stage, to bring unity or joined up working:

'*Government office was split into communities and drug work and the DAT was meant to sign off the money (CAD) and when we challenged it and said it didn't fit with the strategy they said the community section supported it*'.

She highlighted that this '*shouldn't have happened*' and went on to describe how she considered that GO would now have a more joined up approach. However, the '*surprise*' at the sums of money suddenly on offer for drugs work and the sense of a wasted opportunity are palpable and mirrored by Respondent 2 who stated:

'the amounts of money changed massively...it could have been used as an investment bank....we would have got more tangible results...'

This sense of what could have been achieved, the legacy of not having got it right at the time and the impact that continued to have locally was reflected on by Respondent 3:

'The Comprehensive Spending Review (CSR) hasn't ring-fenced what was CAD monies – now it is all in the community safety pot – it was a real lost opportunity – now we spend time and money debating where bits of money go'.

This is developed further by Respondent 6 in her quote which shows the range of initiatives introduced in a reasonably short period of time. Thus she said that '*CAD had really rolled out locally*' but:

'*then that money stopped and became 'Building Safer Communities' and then they merged all streams and we got less money and so all projects had Safer and Stronger Communities Fund and that may also mean less money,*

initiatives fall-off and insufficient work down on the ground and we have been trying to salvage and save some of that'.

Respondent 6 thus characterised what the impact on localities is when central government drives a policy agenda in which '*the number of initiatives has been mind-boggling*' (Respondent 6).

The importance of funding and money is reflected on throughout the local interviews and in this sense mirrors the national interviews. Additionally respondents focussed on areas where opportunities had been lost or were unable to be capitalised on and the effect that had had or continued to have. This latter emphasis is different from the national interviews; perhaps because most of the interviewees were in posts which they had held for some time or were continuing to work within the drugs policy field. In this sense, they more closely resembled the voluntary sector and campaigning organisations at a national level in holding a longer term view. Additionally they continued to have to work with the organisations that were affected by the boom and bust type spending initiatives.

Community Justice Intervention Programmes

The experience of being surprised by government policy, receiving too much money in a short period, not having the mechanisms to spend it or subsequently having initiatives disrupted or spoiled by changing funding streams, is reflected throughout the coordinators interviews. It contrasts however, with the comments on Community Justice Intervention Teams[117] (CJIT) which were created in 2004. The coordinators who had been in post for some years largely responded to the CJITs as '*a good idea*'; '*CJIP was something we wanted*' (Respondent 6). It would seem, therefore, that like TDT (1995) its introduction had been managed or heralded so that local areas anticipated its advent. Further, the micro-management which accompanied it, though onerous, also brought focus. In a sense, therefore, CJIP

[117] CJIT was the term for the locally based teams who were created as a result of CJIP.

characterised what had been learnt at a central level about policy implementation and thus brought with it features good and bad. Furthermore, whilst coordinators complained about the burdens of reporting, the highly onerous systems which accompanied CJIP did not stop it from being presented almost universally as a good policy initiative. This suggested that local policy actors will often agree with the current orthodoxy (Sullivan et al 2002) and demonstrate a pragmatic acceptance and willingness to display appropriate policy behaviour (Miller 1998), particularly if this facilitates their professional goals and allows them to implement policy.

CJIP was heralded as '*an integrated approach*' by the NTA[118] which was promoted as a response to the Updated Drug Strategy's (2002) '*aim to join up initiatives in the criminal justice system more effectively*'. Thus:

'*under a new criminal justice intervention programme supported by the Home Office and NTA, 25 DATs covering areas with the highest levels of acquisitive crime have been asked to adopt a model of working which would seek to develop a 'virtual' or dedicated, community based criminal justice drug team for their area... (it) should where possible build on work and arrangements already in place...*' (NTA website as note 11: accessed June 2006)

The justification for this new model was said to be the '*strong link between drug misuse and crimes...*' and thus it was considered '*important, both for those individuals, their families and their victims that their drug misuse is tackled*'.[119]

Respondent 12, represented CJIP as '*hugely bureaucratic*' and described a reporting structure which comprised the NTA and the Home Office at a central government level; in addition two people from government office within the locality were involved, one from the NTA and one from the Home Office. Within the DAT responsibility lay with her line manager, the DAT coordinator, and her own role which had been specifically created (as was required) to

[118] 'Criminal justice based interventions: An integrated approach' NTA website: accessed June 2006.
[119] NTA, Criminal justice – treatment for offenders with drug addiction, web page. Accessed 29.06.06

manage the CJIP. Additionally there was a specially appointed data manager and other potential staff to be recruited. She characterised the reporting structure as one in which:

'*the centre (NTA) puts pressure on government office for information, who put pressure on the DAT, who put pressure on service providers....everyone feels nervous, feel their job is on the line*'.

In her opinion, this hampered decision making because everyone was '*anxious about making the wrong decision*' (Respondent 12). This sense of demands being piled on to local staff from the centre was something that most coordinators reflected on. Usually, where the DAT was functioning well, the suggestion was that things had got better over time; where the DAT was not doing well pressure was clearly felt. Regardless of the DATs functionality the demands were considerable. Respondent 6 hazarded that CJIP was '*still very much in its infancy, it has a lot to offer, but the government want too much out of it too quickly*' and suggested that they were not giving it '*enough time to bed down*'. She also described how it was '*performance managed to a micro-level*' but that this took '*so much time, it's killing the goose*'. She described how they had undertaken a recent staff audit and found that '*40% of their time is spent on filling in forms, getting them back and chasing them etc*'.

It was not all perceived negatively however and Respondent 5 described in detail how the relationship between the centre and localities worked and how the micro-management of DAT tasks by the centre could or had been useful. She suggested that the management of policy was therefore becoming '*more mature*' and that this showed because they could also '*now set local targets*' but thought it would be *'interesting to see if they take notice of local targets*'.

Thus, although most coordinators supported CJIP and considered the initiative better thought through than most, there was still the issue of the level of demand from the centre which placed a heavy burden of reporting on the DATs and prioritised central demands over local need. This 'performance management' was referred to strikingly often by respondents in this section

and this was clearly a factor in the management of social policy in the localities; the *raison d'etre* being to demonstrate policy implementation.

Performance management

The issue of performance management is, as we have seen, a key feature of drug policy since 1998 and one that has become increasingly strong. Considerable sums of money have been ploughed into drug treatment via DATs amounting to £385 million per financial year for 2006-7[120]. Because of the non-statutory status of DATs they cannot be grant holders in their own right and thus monies are distributed to DATs via PCTs (previously it had been to the local Health Authority). The initial learning was that sums of money never made it to drug treatment but were lost into main agency budgets[121] with DATs voicing considerable frustration and anger. One consequence was that money that was distributed became much more closely monitored by the centre with areas of potential spending clearly highlighted and controls made explicit. Within this remit of performance managing functions and spend are the NTA and GO regional teams. Respondent 10 explained it thus:

'...so undoubtedly funding made a significant difference, but we performance manage the spend of that money; so I can put my hand on my heart and say the money for drug treatment has gone into drug treatment and so any attempt to divert money into other bits of the PCT...(is picked up)...'

She went on to say that their ability to do this was '*unique*' because within health it was often hard to account for monies; '*they can't track it the way we can...'* and that because of the NTA's detailed knowledge of budgets, partner organisations '*can't reduce mainstream monies*' from drug treatment / policy because they would also note and monitor that.

[120] NTA Press release 21 June 2006
[121] Anecdotal but well sourced and much known.

Additionally Respondent 4 considered that the additional monies to drug treatment were a sign that:

'*because the NTA were successful on waiting times reductions that it is an organisation that delivers and from a central government perspective it could be trusted and therefore it got money*'.[122]

Respondent 10 considered that this was perhaps both a key feature of success and for success, because we '*couldn't have made the strides we did without new money.*' This was because it allowed for improvements in services through increased funding, but also because as Respondent 7 commented:

'*pooled treatment budgets has been a vehicle through which the NTA can control the way money is spent in line with the strategy...*'.

Interestingly, therefore, Respondent 10 considered that the NTA were part of an implementation framework for policy, rather than simply just a performance monitoring organisation or a conduit for information between the centre and localities:

'*Regional teams of the NTA are a really important area of the treatment part of the drug strategy – they have a clear remit to implement. They are responsible for ...numbers in treatment, retention and waiting times targets and the whole sits in relation to the policy of delivery of government targets.*'

Perhaps not surprisingly Respondent 10's role was with the NTA, but the comments are telling in several ways. They highlight that for regional teams the issue of being seen to deliver policy is not just about reporting on the functionality and ability of their local DATs, but is also about their own performance; thus implementation. Further, it appears from the interview the issue is about regional teams delivering central government policy locally, not

[122] This quote dates from the interview in 2005 and related to increased funding then, but is perhaps equally applicable to the 2006 announcement.

about interpreting or responding to local needs or issues. As Respondent 4 highlighted:

'*dysfunctional partnerships in some areas have to implement regardless of their dysfunctional partnership and people not taking responsibility for their area: that is hard.*'

However, Respondent 3 reflected how over the years her views had changed with regard to the performance management regime. She considered that it did help:

'*failing DATs to get pulled up*' and thus she saw that '*as a good thing – it is probably the legacy of being around a long time – I am a lot less tolerant. I think you can use hard targets to drive hard on delivery.*'

Additionally Respondent 10 characterised NTA involvement thus:

'*on the whole we have less intervention where it is well organised and the right level of seniority and good infra-structure and investment in infra-structure and shared vision...*'

She talked in terms of '*diagnosing*' what was '*failing*' in a DAT area and tempering the level of intervention to meet that perceived need; this might include seeking to '*escalate within their own organisation to make sure they engage...*' or making it clear to DATs that they have contracted work with frontline organisations and that the NTA will '*expect them to act to ensure compliance*' with that contract in terms of delivery. In her view:

'*as we have matured and developed...come to grips with performance management and moved from performance monitoring and through performance management to quality assurance...*'

Thus there was a clear sense from respondents that the NTA was and continued to be an organisation concerned with the delivery of drug policy and

ensuring that occurred. The intensity of political and centrally driven policy which needs to be seen to be implemented and upon which a particular organisation, such as the NTA, may feel it is judged and depends on for survival, can, however, also lead to a cynicism in the localities. Respondent 2, who worked in the same region as Respondent 3, commented that '*the agenda of central managers is about kudos and justifying their existence*'. When asked for an example she cited their '*eight different reporting streams within a month...*' and that, on occasion, when asked to respond to the impact of this sort of performance management regime they would respond '*parrot fashion with what the Home Office says.*' She considered '*interference from the centre*' a barrier to implementation because of the sheer size of the bureaucracy which had been created, so that many DAT functions had become:

'form *filling, quarterly returns, treatment plans...they comment on them, you change them, they re-comment..*'.

She considered that this altered what she saw as their main lines of responsibility; '*our main accountability is to the DAT and PCT – localised accountability*'.

However the focus on considerable amounts of data and reporting streams did not necessarily mean that service delivery was not improved; nor was it automatically unhelpful to local implementation. Respondent 1 described in detail how support was offered to her DAT when they were perceived to be failing on the waiting times targets. She said they were '*invited to be part of the Open Doors programme and that looked at service mapping and the involvement of all stakeholders....*' and during that process they realised their system was very bureaucratic with service users:

'*assessed and reassessed and because we hadn't stood back from it and so we were enabled to do that and went through the whole process and negotiated what we could take out....had to get through cultural things, i.e.*

one service accepting the assessment of another service and therefore made radical changes to the way services are run...'.

In this example there was significant improvement in implementation and the regional NTA team were able to assist via a programme designed specifically to facilitate the waiting times agenda. There were, moreover, benefits for services and service users from this being achieved and it also meant that this particular DAT went from being '*definitely the worst in the region in 2001 to now being within the national waiting times*'.

This example is, therefore, in some contrast to other coordinators' negativity about the role of the NTA and GO with regard to their performance management functions. This negativity was usually related, however, to a perceived inability or unwillingness to appreciate the level of demand that they were putting on DATs or the impact this might have. This appeared to be as likely to be voiced by functioning DATs as those who were not functioning. Respondent 2 said that this was added to by an apparent lack of a joined up approach between and within these organisations, such that she might receive a '*telephone call chasing up and asking for things that another part of GO already have...*' However, as Respondent 4 brought out, the climate was one in which '*information and data has become much more critical over the years.*'

Respondent 2 felt that the NTA did not have *'a public health angle'* and, thus, to an extent they were misnamed or misrepresented. She considered that they were in fact a '*Home Office front*' and that they should have focussed on:

'job descriptions, templates for SLA[123] agreements, and so (I) would have expected them to do some more groundwork to support the strategic working of DATs'.

[123] SLAs – Service level Agreements – a form of contract about service delivery

This is obviously in direct contrast to the example given by Respondent 1 where there does appear to have been a public health angle to the intervention from the NTA. It may be that regional responses from the teams differed, but it may also be that the needs of DATs affected this response. Respondent 8 drew out how the performance management functions of the NTA could impact on DATs but how this was also motivated by an apparent desire to bring about change in the delivery of treatment responses. She suggested that there had:

'*been too much proliferation in the upper echelons and, to a certain extent, all performance management staff – some of it is bonkers – but you generally have to do it....CJIP is heavily performance managed and being made to feel the squeeze but the NTA – they are onto it and also because they want it to work*'.

The pressure in this high profile DAT was further demonstrated by her as she continued the discussion about the focus on the performance of her DAT and the extent to which this was overseen:

'at our first CJIP meeting the PM's advisor was there...they were saying there wasn't enough buy in and one of the reasons (they were so interested) is because of the election and they want to be able to say this works'.

In response to a question about whether the issue of drugs or drug policy was really that important to the electorate, she responded:

'*We have just done a crime and disorder audit and ...people say crime and disorder is the worst thing about living (*here, and*)...where New Labour are successful is tough on crime and the causes of crime.*'[124]

Performance management of strategies within this framework is clearly a key aspect of being able to demonstrate centrally and to the electorate that you

[124] She went on to link the crime and disorder with which people were concerned as specifically drug related, such as drug taking, drug paraphernalia and begging on the streets.

have successfully implemented your policies; in this scenario drug policy may be as important as other more obviously and traditionally significant policies. In this atmosphere it may be inevitable that there will be '*less local initiative...*' and that policy may become '*...more and more centrally driven.*' (Respondent 6)

Regionalisation

As we have seen earlier in the Chapter the mechanisms and structures through which DATs have had to report to the centre have changed with each strategy. Under TDT (1995), DATs were coordinated and led by the Central Coordination Unit (CDCU) based in the Cabinet Office and under the responsibility of Tony Newton. With the accession of New Labour and the creation of TDTBB (1998), DATs were coordinated by the UKADCU who had various civil servants leading it throughout the period, as well as a number of political leads. In 2002, they became the Drug Strategy Directorate and moved to the Home Office to be nominally led by the Home Secretary, but also with interest coming from the Prime Minister's Office in the form of his Strategy and Delivery Unit.

Under TDT (1995) there was in-put from the DPI, Drug Demonstration Units in areas which had them[125] and under TDTBBB (1998) this was expanded into each local area and became the Drug Prevention Advisory Service and was part of the Home Office. As we have seen, DPAS became absorbed into Government Offices with the move to regionalisation and became the Drug Strategy teams. With the creation of the NTA as a Special Health Authority in 2001 a regional manager was also appointed to each Government Office. Initially, these were single posts, but rapidly grew to include a deputy and in some occasions bigger teams. Thus, there were often two teams working within Government Offices with responsibilities for drug issues; as well as community safety support teams or managers within government office, where, on occasions, responsibilities crossed.

[125] They did not cover the whole country geographically. Their original remit was localised within regions; later with expansion they were given a more regional role.

However, there had been more continuity in the form of personnel than the many changes in architecture would suggest. Thus, in 2005 '*seven of the nine deputy regional managers*' for the NTA were staff who had previously '*lead treatment in DPAS*'. There appeared to have been considerable cross-over in these central/local management functions and in the view of Respondent 4 this was positive; it had allowed a health and criminal justice inter-link and had allowed individuals to '*build trust over the years*' and this was valuable to allow them to act as a '*broker – professional standpoint and middle way..*'.

Essentially what all of the central organising and coordinating functions such as CDCU, UKADCU and the DSD have had in common is an attempt to provide the conduit through which communications about drug strategy are held between the centre and localities. With the CDCU this was a direct relationship which led to the building of personal communication and knowledge between this central function and local DATs. Additionally, Tony Newton, the Minister responsible spent time visiting DATs and meeting Chairs. The relationship appears to have become more distant under subsequent arrangements and none of the coordinators talked of any personal rapport with staff at the DSD for example; instead they talked in particular about their links with the NTA regional manager or with Government Office. The reason for this would appear to be the result of a move towards an increasingly regionalised relationship and thus a central/local dialogue held at something more of a distance.

All coordinators talked in some detail about their relationships with staff drawn from the NTA and GOs and how that had changed in recent years. Their inter-actions with government office staff related primarily to performance management functions, and Respondent 4 talked about how a DAT would get an '*NTA talking-to regionally*' if they did not deliver. However, some coordinators did also talk about the supportive functions which were also played on occasions. Respondent 1 described this change:

'UKADCU did have targets, but once we had the NTA and DSD there were expectations on DATs to achieve those targets. It was very directive – targets were set – you couldn't not do what they asked you to because you were being monitored.'

She described how '*most people did comply, but actually the NTA had no teeth and nothing they could do if we didn't – but most DATs did it.*' She accounted for this by saying that their regional manager was '*very good*', and that the NTA '*do come, do provide support, do provide review and do try and work with DATs to make sure services are in order*'. Overall, she considered that '*in general people welcomed them*' and that they achieved this because:

'*The NTA set out a stall about improving drug services and most people could see it made sense, although they might not have liked their ways of working.*'

Within this context it is again possible to see that the key factor for most of those implementing policy in the localities was the usefulness of the person, structure or initiative. If there was a clearly perceived agenda, or one which could be effectively adapted to meet local need, then there was, in general, a pragmatic acceptance of it (Miller 1998), be it a change in reporting structure from direct relationships with the centre to one of regionalisation or responding to highly structured and onerous performance management system. This perhaps demonstrated the ability ot partnership working in general to tap into '*the human yearning for larger social purpose*' (Davies 2005:327 quoting Stone 1993:25)

Conclusions

What is not clear is what will happen in forthcoming years to the interface between DATs and other partnership structures and drugs and criminal justice issues. They have now survived as partnership structures for ten years and have therefore been an established part of the social policy scene for some considerable time. A whole range of other functions such as GO and the NTA

have been adopted and adapted to work with them and DATs can be seen to have responded to other policy initiatives such as regionalisation and the development of the community safety agenda. Additionally, they have almost been a test vehicle for the development of partnership performance management functions; the intensity of this has been such that central government have been able to require monthly reporting on the implementation and delivery of key policy factors. They have, therefore, been illustrative of changes in the mechanisms for social policy implementation and delivery in the last twenty years.

Respondent 5 summed up some of the key issues covered in this chapter by suggesting that a barrier to effective implementation of the drug strategies had been the:

'*centre and relationships with local DATs - making sure messages are consistent coming down the silos – needs to be a common purpose centrally and locally.*'

This illustrated some of the key issues in this chapter with regard to the mixture of messages emanating from some of the key partner organisations at a national level on occasions and the need for there to be a more cohesive approach from the centre. Given this it seems possible to characterise TDT (1995) as having been structured at the centre in such a way that it gave a consistent and mirroring image of partnership working and sense of togetherness with regard to strategy, although it was open and, some suggest, unfocussed towards exactly what needed to be achieved by whom. Under TDTBBB (1998) and the Updated Strategy (2002) there has been disparateness at the centre both at a political level and between key organisations such as the Home Office and DoH. However, there has been an increasingly focussed message and this has centred on the implementable and the deliverable.

There was also a strong sense from respondents in this chapter that there was, in general, support for the governments re-orientated emphasis. This is

simplistically seen as criminal justice agenda, but the support from coordinators, is as we have seen more complex. It recognised the community orientated emphasis of the response and saw the criminal justice system as a way of accessing problematic drug users, on this basis compulsion was acceptable. Coordinators could give examples of why they thought this was appropriate and how this had been implemented. Thus, Respondent 8 gave an example of how this applied to rough sleepers considered to commit anti-social behaviour in the community view:

'They[126] have joint targeting meetings with the police and go out and target them and offer them rapid access to treatment etc and if you don't do this we will ASBO you...'

and with regard to treatment:

'increasing emphasis on drug treatment as a way of improving individual health and community safety and reducing criminal behaviour. I think it is in the process of working – it's hard on treatment providers but they are gradually coming on board.'

Others, as we have seen, thought that the focus on criminal justice and access to treatment via this source allowed the not so 'nice' drug users to get access to treatment, which, it was suggested, had not previously been the case.

Respondents did, however, have concerns, which they highlighted, that there was not enough expertise within the voluntary sector to support the demands made upon it by central government in terms of service delivery. Thus central government had pushed things out to the voluntary sector which was simply not in a position to cope with the demands. Also because of the fast turnaround of many of the funding streams or the political urgency with which initiatives were pursued there was a sense that many organisations had spent

[126] 'They' being the Street Service team.

too much time chasing funding and not concentrating on service development and delivery. Other respondents such as Respondent 7 talked about the need to develop the workforce.

The testimony of the respondents raises the question of whether the strategy has also narrowed to the implementable and achievable, for example delivering treatment within a criminal justice setting, but no longer focussing to the same extent on drug education and prevention responses. It is hard to know if this was inevitable, for government undoubtedly wishes to show it has achieved objectives set. However, one might suggest, that the current focus is on the 'same old suspects', namely the poor. Nonetheless, many coordinators supported the focus and considered that it offered a welfare alternative. Thus it suggested that the old treatment paradigms were in themselves inherently discriminatory or unfair.

Clearly the drug strategies have been able to be delivered by DATs and it was suggested that in some areas, such as drug treatment and waiting times, that there had been an acknowledged 'spectacular success'. Considerable performance management systems have ensured delivery on key central government targets such as waiting times, but have perhaps detracted from DATs further engagement with communities and other local issues. In addition it would seem that the ability to interpret policy to suit local need is, in part, dependent upon the willingness of the partnership to exploit the factors of motivation, opportunity and resources which have been described by Levin (1997) as a part of the policy process. This appeared to have been mediated further by a willingness to accept such adaptation to local circumstance by the centre where DATs were perceived to be functional, and to intervene and demand compliance where this was not the case.

Chapter eight – Conclusions

Introduction

This thesis has looked at the development and implementation of English drug policy 1994-2004. It has sought to understand why partnership was the chosen form for delivery of policy and what the impact of that approach has been. The key research questions drove the enquiry and form the sub-headings for this chapter. The chapter highlights how drug policy was developed, beginning with Tackling Drugs Together in 1995. It looks at DATs as the embodiment of partnership within the strategy and considers what the impact of those mechanisms has been on policy implementation. The working relationship between the centre and localities is examined, and in particular the potential for autonomy, choice and regional or local flexibility is discussed. Finally, consideration is given to whether we have witnessed the creation of new forms of governance, and / or institutional resilience.

The research strategy was influenced by Clarke (1996) who argued that it was important not to accept '*organisational change*' at '*face value*', as though it were just a '*technical solution(s) to the problems of organising social welfare provision...*' He suggested it was important to consider the historical and social circumstances and factors which contributed to the development of TDT (1995) and led it to be shaped in the way in which it was. Looking at the development and implementation of drug policy over a decade has meant that it has been possible to consider the impact of change over time (Lowdnes 2005, drawing on Pierson 2003) and to separate the reality of policy implementation from the rhetoric of documents and speeches. Without this, it would be possible to view drug policy over this period as one dominated by an increasingly harsh penal agenda, with a highly restrictive performance management of the localities by the centre. Consideration of the strategies and the reality of implementation would, however, suggest a different picture. It is, for example, possible to see dominance of a penal influenced agenda, but within this, treatment approaches have seen considerable expansion.

Despite the rhetoric it is now more possible for any drug user to access treatment. The micro-management of drug policy is also a reality, but it also brings benefits to localities and it is possible to see it as evidence of central government having understood the realities of policy making.

The advent of partnership has successfully broken down the traditional dichotomies of drug policy because, by and large, DATs are functional; nonetheless, interviews indicate that those dichotomies can still be seen to manifest themselves in debates at a local level. DATs can, moreover, be portrayed as '*new institutions*' (Newman 2001) which have changed the '*rules of the game*' (Lowdnes 2005) although there is also considerable evidence of institutional resilience, with the large organisations of state adapting to the incremental changes which partnership has demanded (Klein 1993). Certainly it is possible to see partnership forms, such as DATs, as having educated '*people to see the world differently*' (Donnison 1991) and thus, one might argue, that TDT (1995) and subsequent drug policies over the decade have, through the use of partnership forms, delivered the innovation which those designing it hoped for. Donnison (1991) has argued that the ability to help people see the '*world differently*' through policy design is the sign of a more '*important occasion*' on which '*new public policies*' are proposed, and in this case implemented. According to this, it is possible to see TDT (1995) as an example of an important change in policy direction, which can be seen to have impacted upon and provided evidence of changes in forms of governance in UK social policies in the last decade.

How was drug policy developed?

TDT (1995) was developed by a small group of people who successfully exploited the opportunities open to them and who were observed to have used all of the 'factors' identified by Levin (1997) in their capacities, as civil servants, politicians and members of the voluntary and campaigning sectors. They were motivated to achieve change (from their institutional, personal or organisational position) and used the opportunities and resources open to

them to do that. These included exploiting their access to sympathetic politicians; knowledge of new forms of policy development; an acceptance to work within the current philosophical boundaries and to co-opt and work with whoever would be helpful to them in achieving their aims. This small group of people were able to identify one another and describe the role they considered that person had played; moreover, the documentary records show the involvement of those individuals. Despite this, the research does not suggest that these people formed, or saw themselves as having formed, a 'policy network' (Berridge 2006; Duke 2003; Sabatier 1998; Wong 1998; Hughes 1997). At least they did not do so in any knowing or formal sense: they simply exploited the opportunities open to them and worked with those who were similarly motivated to achieve the same ends. With hindsight they were able to recall who had been important at the point of idea generation, policy development and drafting, but it was this that seemed to provide the linking factor – thus active involvement and a shared sense of having worked together on something quite exciting. They were not motivated as a group by moral imperatives or any other shared characteristics other than that they had sought, through their roles, to reach the same ends; their involvement was role specific – they might best be described as having been good at their jobs.

Those responsible for idea generation were a small, self-constituting group who did not seek to draw in a wider group of players. The communication channels at this stage were largely centralised and horizontal. Once the policy idea was taken up and into government the role of those outside government diminished, or changed; at this point the civil servants saw themselves as the generators of the principle ideas – such as the partnership mechanisms – DATs. At the point of policy drafting, consultation was widened and became vertical. Individually, some interviewees considered that they had, at this stage, sought to advance their own organisational agendas as a part of the policy development and it was notable that there was an absence of key players from health based organisations. This may have influenced or reinforced the requirement for DATs to be 'multi-agency' to the extent that they were, with responsibility given to Health Authorities to call the

first meeting, but beyond that there was no further expectation that they were the most important player at the table.

The findings indicate that a small, but changing group of key players were engaged at different points of the policy process and that their role became more, or less, significant, at different points of that process. To suggest that what had occurred therefore formed a policy network or community would be to impose a meaning upon those relationships which those participating would not recognise. However, this is not to suggest that the involvement of particular players was not influential in shaping the policy which emerged – it was.

The research highlighted the role-specific nature of key players at different and recurring points of the policy process and the need in the analysis to look at this in more depth. It drew out the crucial aspect of policy development as a 'process' (Colebatch 1998), and how this involved a number of important people at different stages, whose importance might go 'up' or 'down' according to the stage in that process. Thus, initially, the people who worked to gain an interest in this area only included those lobbying from the voluntary sector and politicians themselves; the latter appeared to be responding both to their own personal spheres of interest and to issues arising in their constituencies.

Policy was a process which could be investigated and to which there were core elements identified by Colebatch (1998). Those core elements can be summarised with regard to policy development as ownership, commitment, and a proposed course of action with a degree of specificity (Colebatch 1998); each of these elements can be seen below to have been brought into play. Further, whether dialogue was vertical or horizontal was influenced by the point in the policy process. At the point of idea generation, conversations and relationships were clearly horizontal and focussed on the centre; policy drafting and development was vertical and horizontal and required the centre to engage in, listen to and negotiate with localities, as well as consult with others at the centre.

The development of TDT (1995) can be seen to have been influenced by a number of historical social factors, such as the rise of drug misuse (Mott 2000; Stimson 1987; Parker et al 1987), concerns about HIV and anxieties about deprivation and the breakdown in communities (Pearson 1995); the last aligned to a moral agenda which focussed on social welfare issues and was common to both the Conservatives and Labour (Deacon and Mann 1999; Field 1996; Donnison 1991). Additionally, international factors have been suggested as contributory, such as the end of the Cold War and the apparent ability of drug issues to unite nations (MacGregor 1998), alongside the close relationship between Thatcher and Reagan, which meant that Britain wished to be seen to take on drug misuse issues.

The structure of TDT (1995) was influenced by factors such as a changing social policy agenda which sought to reduce dependence and curtail the growth of the large welfare institutions, promoting an ethos of competition and value for money (Brown and Sparks 1989; Harris 1989; Deakin 1994). It was also affected by economic difficulties and the poor relationships which subsisted between local authorities and the Conservative government in the late 1980's and early 1990's (Deakin 1994). The confluence of these factors appears to have allowed those lobbying on the drugs issue to gain an opportunity to influence government policy, such as Wallis and Dollery (1997) have described as constituting Autonomous Policy Leaders, or Lowdnes (2005) as '*institutional entrepreneurs*'. This was attested to by interviewees and outlined by Respondent B with regard to drug policy and how he (and in particular one other interviewee) had sought to '*get(ting) those ideas off the ground – encouraging Tony* (Newton*) to take it into government.*' This drive for social policy reform generated by some sections of the voluntary sector appears to have met simultaneously with an interest amongst some politicians and provides evidence of pressure groups having made '*a mark on government policies and measures*' through their '*direct linkages either to ministers...or officials*' (Levin 1997:234). However, Respondent B also identified, how, once they had successfully achieved the taking up of the issue by government, control was then lost:

– then it went out of our control because it was a manifesto commitment in 1993[127] *- they didn't expect to get in - but then they needed to establish a strategy and then it went into the Cabinet Office....'*

This excerpt strongly highlights the 'factors' described by Levin (1997) as important to the policy development process: '*motivation*', '*opportunity*' and '*resources*'. Levin had developed his 'factors' through studying policy as acted upon by politicians and in particular policy at the stage of development. It has been of interest to see if they can be applied to other groups active in the policy process and at other points: and they can. However, for example, the 'factors' described by Levin (1997) were mediated by the role of Respondent B quoted above, for he was unable to go beyond the idea generation stage because he came from the voluntary / lobbying sector; beyond the point he describes, he was reliant on others in government, or in the civil service, to create further opportunities and identify and exploit resources open to them. His own 'motivation' was to bring about change in the area of drugs policy and he actively sought to raise the profile of the issue and attract the notice of government. For this speaker and another, their 'motivation' arose principally from their paid roles in the non-statutory campaigning sector and they can be seen to have successfully engaged politicians on this issue and to have maximised their 'opportunities', leading to the incorporation of commitment in the Conservative manifesto. By this stage, therefore, the 'policy' as it was being developed had core elements present of ownership and commitment (Colebatch 1998; Levin 1997).

This 'hub rim' of interested parties who drove policy development on TDT (1995) then came to include a small group of civil servants who were responsible for drafting the policy. It was, in general, considered that they had done this most effectively, minimising conflict and resistance, such that a policy in a small but complex and difficult area achieved cross-party support, as well as that of the various key players in the field and the Prime Minister. It

[127] Levin 1997:231 and 238 also stresses the importance of commitment and the implications this can have.)

would seem that they did this through wide consultation and the incorporation of some 'new ideas'. These included partnership, an emphasis on delivery, outcomes and KPIs. Those involved considered that what they were doing was radical and different; they brought in ideas from the private sector and were motivated to change the approach to policy development to one which drafted policies that would be implemented, rather than drafting policy which was technically clever. They were cognisant of the current political imperatives ensuring the co-option of a member of the Treasury to their team in order to devise workable KPIs. All of this gained the policy political support and gave it status; it developed a course of action and contained the required 'degree of specificity' (Colebatch 1998). The civil servants portrayed politicians as positively welcoming of such an approach and they were also able to engage key players in the voluntary sector, but they saw other civil servants as their greatest hurdle. The need to bring in all key players from the 'five departments of state' and the increasingly important National Audit Office demonstrated an understanding of the importance of the use of 'levers' and the development of 'communication channels' as part of the process of developing policy (Levin 1997). It meant that TDT (1995) was, at an early stage, able to secure access to resources and support, with individuals motivated to support it (or not wishing to be seen as out of step and not support it).

The role of Tony Newton (then Lord President with Ministerial responsibility for the policy) was drawn out by most national interviewees; they highlighted his brokering and management skills at both the development and implementation stages. This can be seen to have been important *vis a vis* Levin's (1997) 'factors' showing motivation, the exploitation of opportunity and an ability to access resources, both financial and in terms of support, for example that of the PM. The support of the latter was especially important, for as Levin (1997) has demonstrated, the support of the PM allows for the creation of structures around which policies can be formed and transmitted, ensuring that the government is committed to action.

The findings suggest that Levin's (1997) factors aid understanding of the process of policy development and are applicable to a wider range of policy actors than he developed them for. However, they can perhaps best be described as 'role descriptive', with motivation, opportunity and resources being closely allied to the role of the particular policy player. This is useful because it helps us to see policy making more clearly, disentangling some of the confusions. Darke (undated) has argued that policy is too variable a process 'to offer a generalised model', but the interview evidence suggests that certain key factors can be discerned in that process, although these will be affected by the players' role. Thus, motivation was a present but variable factor for each interviewee / policy player: ranging from personal commitment, to a drive to push their agenda higher up the governmental one, and / or a wish to develop and deliver a radical policy drawing on 'new' ideas. It is, therefore, possible to suggest that there are generalisable factors within the policy process which are common to all policy players, but which, crucially, are also role specific. The recognition of these aids analysis of the policy process. It makes explicit the way in which policy players exploit the opportunities presented to them in order to achieve their role specific ends; this is what happened in the development of TDT (1995).

Why were partnerships chosen as the mechanism of policy implementation and what was the impact?

Partnerships have been linked to areas of social policy complexity (Sullivan et al 2002), where a range of organisations are involved and the issue at hand does not appear to be easily resolved. As we have seen, partnership forms were not entirely new to the drugs arena but had not been successful in the past. It is perhaps, therefore, of some surprise that this form was suggested by those generating ideas about how to get to grips with the issues, chosen by those drafting the policy and agreed to by those who were supporting it. The evidence would suggest that, in part, 'partnership' was an idea whose time had come. Historically, it was the right point for the idea to be taken up. Evaluations of the existing partnership structures had looked at why they had

not worked and suggested ways in which this might be overcome; these included strong links to and attention from the centre. The issue of drug misuse appeared more pressing and there was a need to be seen internationally and nationally to get to grips with it. There was a historical dichotomy in the approach to substance misuse coming from a penal or medical perspective (MacGregor 1999; Stimson 1987) – partnership clearly offered the opportunity to combine both. The then Conservative government had poor relationships with local authorities (Hughes 2002) and ad hoc partnership structures offered a way round those. In addition, the policy was, from the outset, designed with implementation in mind; the partnership structures which were created belonged to no one organisation or elected body – which meant that the centre could engage in a direct, vertical relationship with localities and require reporting on delivery straight to the centre which would circumvent traditional organisational and institutional forms. Partnerships met a lot of the needs of the time – for a focussed, directed and accountable policy which involved the centre and localities in a direct dialogue. In their very essence, therefore, they sought to avoid the points of conflict in the systems of policy delivery.

The way in which DATs were created and structured, with mechanisms for reporting directly into the centre and Cabinet Office was viewed as a sign of a particularly well-drafted and thought through policy. An example given was the use of Health Authorities as conveners of the first DAT meeting, but without especial responsibility. This was regarded as clever, bringing them in when they were not strongly engaged at this point, but not giving them too much to do, because neither they nor the Department of Health were seen as strongly motivated. Involving health in this way appeared to seek to mend a 'cleavage' (Levin 1997) which seemed to have occurred in the generation of ideas and the development of the TDT (1995) policy. It also did not distance other more engaged players, who would have felt ignored or pushed out had Health Authorities immediately assumed chairing responsibilities for DATs. This was important, for, as we have seen, localities were attuned to the ideas of partnership working for a variety of reasons and this included those from the penal sphere and local authorities; support for this style of work was

especially strong amongst those who had been supporters of the Morgan report (1991).

Over time it was found that the policy worked and during the first strategy, TDT (1995), links between the centre and localities were strong, with Tony Newton seen as influential in having ensured this. The existence of this direct link to an interested and powerful Minister was seen as one way of grabbing the attention of localities and an array of important players from a range of organisations. This could not have been achieved with a broad range of players had the Minister come from the Department of Health or Home Office; for example, a Chief Constable would not have wished to be seen to be reporting to the Secretary of State for Health. It also meant that DATs' reporting mechanisms went through the CDCU which worked to Newton and, thus, it was not directly conflictual with their organisational responsibilities and lines of communication. It allowed TDT (1995) to develop reasonably sophisticated reporting mechanisms for the time with in-built KPIs, for which organisations constituting the DAT were collectively responsible. The weakness of this approach was that where the Minister responsible in Cabinet Office did not have personal authority and direct links to the PM it could be hard to make progress and obtain resources, because of the need to negotiate centrally with a number of departments (Mowlam 2002) (although drug policy has largely avoided the 'power struggles' which are seen to have affected other attempts at partnership work, (Newman 2001:110). As we have seen TDTBBB (1998) and latterly the Updated Strategy (2002) have gradually changed the lines of communication to less personalised, more bureaucratic, devolved, regionalised ones. In addition, the reporting mechanisms have been increasingly more detailed and sophisticated. What has remained is the requirement for organisations to report collectively on partnership activity; thus, action on drug issues remains the collective responsibility of the DAT. The reporting mechanisms and areas of responsibility at the centre have also moved; something apparently caused by Blunkett's assumption of the Chair of the Cabinet Sub-Committee. The long-term impact of this move at this stage is unclear and it may indicate nothing more than the ability of a powerful Minister with strong links to the Prime

Minister to affect structure. However, it has allowed drug policy to appear to be more dominated by a penal agenda.

If, as Knoepfel and Kissling -Naff (1998) have argued, policy is, in part, a sum of the organisations that have played a part in it, then it was perhaps inevitable that TDT (1995) took partnership to its heart. Its three aims reflected a penalogical, medical and educational tocus; the latter acknowledging the responsibilities of an important department of state and also strategically making the balance between three aims and not two traditionally dichotomous approaches. Research was commissioned to better understand the links between the three areas and substance misuse; the policy, therefore, also sought to bring in an 'evidence base' which could be used for the future.

The 'multi-perspectived' approach led interviewees to suggest that the argument which portrayed a 'split' between the penal and medical approaches was simplistic. They argued that despite the rhetoric of government policy post-New Labour, the actual impact of more enforced treatment services has been to engage the 'not so nice' drug users who had previously found it hard to access treatment services. Thus, the suggestion from interviewees working at a local or regional level was that, post TDTBBB (1998) and the Updated Strategy (2002), a much wider range of drug users now had access to considerably improved treatment services in a much shorter space of time, which could be accessed from a broader spectrum of referrers. Partnership forms, therefore, appeared to have influenced the direction and appearance of drug policy. But it was not a case ot a simple dichotomy, one approach being 'good' and facilitative and one 'bad' and constraining; the evidence from interviewees was that treatment services which were accessed via the criminal justice system were, on occasions, fairer than those which had existed in the past. Again this highlighted the importance of looking at the policy developments over time, looking beyond the rhetoric of policy to the actual impacts of implementation; the suggestion from interviewees was that the latter showed that the impact had been overwhelmingly benign, with vastly improved services and greatly enhanced capacity.

Partnership was, within TDT (1995), largely an activity for the localities, not one for central government. Interviewees responsible for drafting that policy suggested that other civil servants were amongst the most difficult to engage on cross-departmental work. Hellawell (2002), Mowlam (2002) and Blunkett (2006) have also described in their autobiographies the difficulties of working across departments at the centre. Interestingly, therefore, more recent changes under the Updated Strategy (2002) have sought to enshrine partnership working amongst central senior civil servants working on the drug strategy. The new arrangements at the centre appear to mirror those at a local level; thus the Cabinet Sub-Committee should play a similar role to the DAT; the Strategic Planning Board to the DAT Coordinator and team; the subject specific and 'expert' cross-departmental groups, the DRGs. These changes at the centre would appear to suggest that the partnership form is as necessary and persuasive a form for drug policy to take now as it was back in 1995.

In addition, TDT (1995) was a policy which had cross-party support, to the extent that interviewees suggested that dealing with drug issues had been effectively depoliticised. As such, it was no surprise that New Labour supported the general approach once they were elected in 1997. Additionally, the use of partnership mechanisms had unintended consequences, providing the opportunity to link New Labour's concerns with drug misuse issues and the community. The composition of DATs and the direct links between the centre and localities over the direction and implementation of the strategies meant that the structures were in place by which these ideas could be taken forward. The partnership mechanisms were adaptable to the changing emphases of TDTBBB (1998) and the Updated Strategy (2002) and were, therefore, the means by which those changing emphases could make an impact in the localities. Interviewees cited how the link with drug misuse and crime and drug use and communities under New Labour, was directly applicable to the communities in which they worked and how they were able to focus on this issue via government policy, also adapting other political and policy initiatives to this end. Interviewees in the localities appeared, in the

main, to be in tune with the government's position and to represent drug misuse as impacting negatively on communities and to accept the New Labour position that drug users might have a responsibility to others within their community to change their behaviour. The potential contained within this analysis is that from this position, it can seem acceptable to compel an individual to accept treatment (were they were unwilling to do so voluntarily) in the name of the greater community, good.

Partnership has, as Glendinning and Powell (2002) have argued, been in danger of becoming a '*humpty-dumpty term*' – meaning everything and nothing. Within TDT (1995), however, it was given a clear structure within localities (DATs) and these were charged with policy implementation. DATs have survived each policy development (TDTBBB 1998 and the Updated Strategy 2002) and this is undoubtedly because they have been found to deliver. The strong reporting mechanisms and links to the centre have, moreover, shown what was drawn out by one of the interviewees: that TDT (1995) was a centrally designed and driven policy and that this was the '*unsubtle and unspoken message*' (Respondent G) of Ministerial and CDCU visits to DATs was that. From the outset, therefore, drug policy was designed for implementation, central government wished to ensure it and DATs, as the partnership structures in localities, were there to implement it. Partnership was the means by which to achieve implementation because of the complexity of the issue and the peripheral nature of drug misuse for each individual organisation; it gave central government the means by which to ensure that it was directly relevant to each organisation.

How have relationships between the centre and localities worked?

Relationships between the centre and localities formed a considerable part of the subject matter of the interviews; this was true of those working at a central and local level. In general, relationships were positive and were seen to be of critical importance to the strategy and how effectively it functioned. Under

TDT (1995) there were strong personal links between the centre and localities and this was remembered fondly by interviewees at both levels. Whilst DAT visits by Tony Newton might have been the '*unsubtle and unspoken*' (Respondent G) message of central government exercising control over a strategy devolved to localities, they were, in general, popular. Attention from the centre had been highlighted as a facet which might be crucial to the success of partnership forms in the localities and this seems to have been the case. Equally, it was suggested that TDT (1995) worked by '*letting a thousand flowers bloom*' (Respondent G) despite the visits from the centre and the required reporting. At all stages, a key aspect which kept localities 'onside' was that through the visits they could demonstrate delivery. There was also a reported 'focussing down' over time, so that whilst reporting requirements under TDTBBB (1998) and the Updated Strategy (2002) might increase and appear more onerous, the range of issues which a DAT was expected to tackle became narrower and perhaps more deliverable. Further, through the reporting mechanisms they could show to central government and to their own community that they were delivering. The importance of the latter has been highlighted by Wilkinson and Craig (2002). Those who were doing less well or struggling with the partnership aspect of their work knew that they would get central government attention and latterly this became quite directed advice and support. This was particularly the case because it was known under each strategy that the PM was interested in progress. Under New Labour the role of Tony Blair came to replace the personal interest of Tony Newton; Blair's interest might be demonstrated at one stage removed through the presence of his own advisors, but it was known that the area was one of particular interest to him. It was perceived that it drove funding levels and the demand for delivery. The interest exhibited by the centre and the way in which this and the reporting mechanisms were increasingly structured were also evidence that there was, at the centre, an understanding of how policy was implemented. Blunkett (2006) has argued that this came from many years in opposition working in local government. Certainly TDT (1995) was designed for implementation and this was clearly drawn out by its chief architects; the structures which were created allowed for a watchful eye to be kept on progress in the localities by the centre, under New Labour those

mechanisms were honed and adapted to allow a sophisticated micro-management of elements of the strategy.

Delivery was important for DATs and for their constituent organisations. Over time and under each of the strategies the reporting requirements became increasingly sophisticated and mature. As a result performance management systems have become mainstreamed and extend beyond the DATs themselves. Weaker partners, or less engaged organisations have been brought into line by the linking of drug policy indicators with their own organisational performance which is then linked to their own individual funding opportunities. This has included the use of drug policy objectives in the star ratings of PCTs, for example. In addition, the level of interest from the centre and the focus on delivery has meant that DATs have been able to use the performance management systems to bring errant partner organisations into line. Knoepfel and Kissling-Naf (1998) argued that the authority of central standardisation might be an important factor for local partnerships which enabled them to '*bring about certain solutions*' and the interviews indicated that this was, on occasions, the case. Where performance in an area was being affected by the failure of partner organisations to engage, other partners might be delighted for the centre to become involved and, once that occurred (via the regional structures) there was an expectation that this issue would be resolved.

Under TDTBBB (1998) and the Updated Strategy (2002) being able to 'deliver' was important to further funding opportunities, to DATs as partnership forms and to particular organisations, such as the NTA whose very existence came from the strategy and was justified by evidencing effectiveness. Sophisticated players were as we have seen able to adapt central government initiatives to their own local ends (Wong 1998) and this was accepted where they were doing well. 'Choice' was a strategy open to the successful, not the failing. In this way there was room for local adaptation and flexibility and performance was a key factor in this; this was recognised by speakers working at a central and local level. This is in part represented by what Downe and Martin (2006) have referred to as '*a classic evolutionary*

approach to social policy under New Labour. It is interesting because it showed how strategies might appear heavily micro-managed by the centre, but had in fact been '*fine-tuned and adapted over time*' to local circumstances. Lowdnes (2005) has characterised this as being visible in other social policy areas, particularly those based on partnership forms. She has suggested that:

'Top-down and bottom-up institutional influences interact in important ways to produce an uneven patterning of uniformity and diversity across local government.' (Lowdnes 2005:294)

Certainly that would appear to be the case with DATs and this has not changed as the result of regionalised governance structures. Direct links to the centre appear, in the main, to have been weakened by the regional approach, with this level effectively constituting a third or mid way level, neither the centre, not the locality. This '*deconcentration*' (Davies 2005) appeared to denote a delegated form of managerial power which did not amount to a decentralisation of political power; the devolved forms, the NTA and government office drug teams clearly saw their responsibility and authority as principally emanating from the centre. They needed to be able to deliver a central government policy in their regions. This did not necessarily lead them into conflictual relationships however, although this could occur on occasions; when it did it was usually related to the levels of pressure with regard to reporting that they placed on an individual DAT. However, they were equally likely to be portrayed as supportive and facilitative, giving the DAT access to resources and ideas which would enable them to more effectively implement the policy. Their role did not, therefore, appear to have affected the ability of localities to negotiate the patterns of '*uniformity and diversity*' (Lowdnes 2005) between their localised needs and the demands of the centre.

The policy sophistication in the localities, linking strategies together or adapting them to local needs was a definite change over time. It demonstrates the adaptability of localities (Stoker 2002) and their ability to learn from and

grow with government policy. It also meant that although TDTBBB (1998) and the Updated Strategy (2002) had set a more specified direction over time to DATs, so whilst a thousand flowers might not be blooming, it is probable that in functional areas a wide variety of specimens might be flowering. This is a subtle but important point, because this range of development can often be portrayed as implementation failure and this was clearly not the case - it was instead a sign of implementation sophistication. Downe and Martin (2006) have portrayed this slightly differently, arguing that if one looks at '*intended outcomes rather than the means of achieving them*' during the New Labour period it is possible to discern a '*remarkable consistency*'. As this relates to policy delivery, the findings from this research would suggest that there has been consistency. It has highlighted, however, the need to look at policy developments over time (Lowdnes 2005) and to do so empirically, gathering evidence from those responsible for policy implementation. To have drawn solely on the policies, or a short period of time, would, in this area, have suggested that drugs policy has been wholly controlled and micro-managed by the centre, with relationships between the centre and localities likely to be conflictual. The reality detailed in the interviews was quite different. It suggested a much more consensual relationship (Rhodes 1996; Stoker 1998; Stoker 2002) based on negotiation and an ability of localities to exercise 'choice' (Davies 2005) in the extent to which they responded to policy direction. Thus, whilst reporting could be onerous and policy direction in the past had jumped about too much, the attention from the centre was clearly welcomed. There was a sense of direction and localities, particularly highly functional ones, felt they were doing a good job in a fast moving and exciting social policy area. Further, that policy was adaptable to local need, about which the centre and the PM were aware and that this brought benefit to them, their constituent organisations and their communities. This finding was congruent with Miller (1998) who suggested that localities might view their engagement pragmatically, and as being strategically significant and in which they, thereby, became '*winners*'.

Have partnerships become a new form of governance?

Partnerships were found to have become new forms of governance. They changed the way people saw and thought about doing business on drug issues. They changed the rules by which people thought they should '*play the game*'. DATs can be viewed as 'new institutions' because they incorporate '*consciously designed and clearly specified rules of behaviour*' (Lowdnes 2005) which were laid down in TDT (1995) and have been refined and developed since then. They have been the constant factor in a fast changing government agenda on drugs. Under Blunkett's stewardship of policy they acted collectively to 'see off', what they viewed as a challenge mounted by the crime and disorder lobby. DAT coordinators were clear that this is what they had seen happen and certainly the advice about DATs and CDRP's merging changed to one which required evidence that they were working in tandem[128]. In this way they demonstrated an ability to act collectively and out of self-interest and thus like an 'institution'.

The interviews undertaken for this thesis provided evidence of the '*success of Labour's conceptions of 'Modernising Government'* by *'the language of evidence, pragmatism, 'what works', of goals, targets and outcomes, of joined-up government and partnership'* which *'permeate(ed) the discourse of...civil servants, managers and professionals...'* (Newman 2001). DATs had changed the '*rules of the game*' (Lowdnes 2005) and this was evidenced in many ways in the centre and in localities. Firstly, it could be seen in the creation of formalised partnership structures at the centre which required and put in place the mechanisms by which senior civil servants had to work more closely on drug policy (Updated Strategy 2002). Secondly, '*patterns of behaviour*' (Miller 1998) altered over time, so that it had become permissible for individuals to work collectively and collaboratively, sharing information and perhaps resources with other organisations within a local area. Subtly, the expectations of appropriate organisational behaviour have changed; not being

[128] The evidence for the 'success' of this appears to be the Circular letter to DATs and CDRPs 26 July 2002

prepared to work collaboratively in a partnership way within localities would now be seen as evidence of a failing organisation or professional.

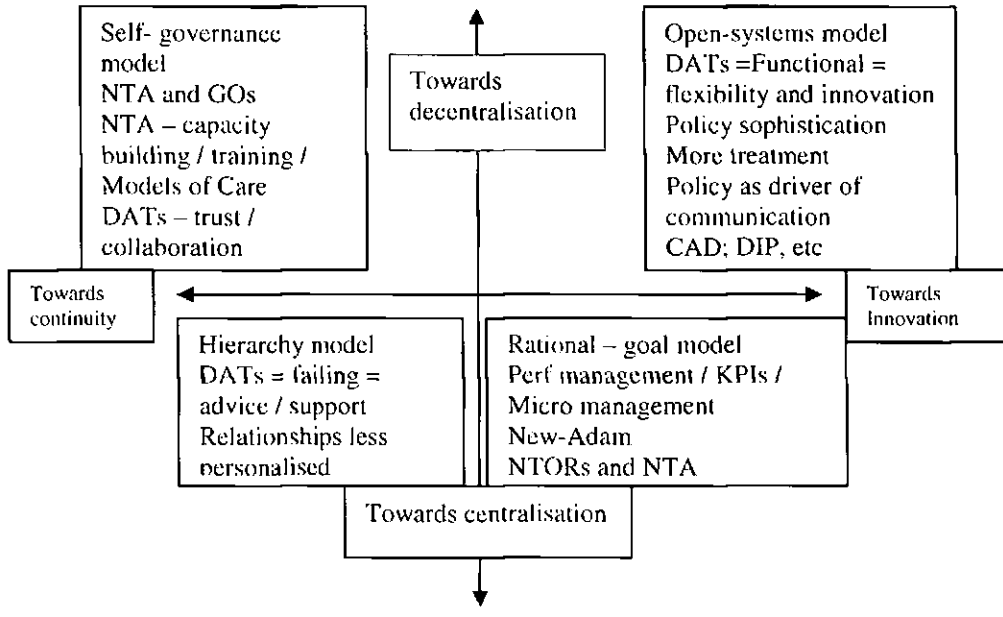
DATs have impacted on policy development and implementation in particular and it is probable that they have changed the balance of drug policy in favour of penal and managerial approaches because criminal justice orientated organisations were allowed a greater level of influence (Duke 2003). It is not possible to say this definitively because of the existence of other factors which were also driving drug policy in this direction; namely the analytical perspective taken by New Labour, research findings which appeared to show a drug crime link (Hough 1996; Bean 1994; Anglin 1990 and NTORS 1996) and a concern with and amongst communities. New Labour did appear to have successfully brought about a change in the conception of the social responsibilities of drug users. This was evident from the interviewees and related in particular to the impact of drug users and drug use on local communities. There was considerable sympathy with Blair's assertion of '*rights and responsibilities*' (Davies 2005) and this philosophy was directly linked by interviewees to the idea of the drug user as the 'underminer' of social cohesion; support for this view was attributed by those in localities to the experiences of their communities. This philosophy has, as we have seen, been strongly linked to New Labour and to MPs who were responsible for poor, traditional, working class neighbourhoods. This research found, however, that there was a more general acceptance of this view and that this was particularly strong amongst those working at a regional level and coordinators who worked in large urban areas with mixed populations and income levels. The impact of this approach was to introduce a generalised moral tone to the approach to drug users; from this basis it became possible to compel drug users to receive treatment (DTTOs) and the anti-social to reform (ASBOs). This approach is subtly different from considering that this group require 'management' (Feeley and Simon 1996) and it was one which held sway amongst interviewees. It is not clear whether this was the result of working in a partnership and gradually conceiving of things collectively, thus, that philosophies could cut across organisational and professional

boundaries, or whether it was the result of a prolonged government discourse to which localities ascribed.

Those organisations who were concerned to use DAT structures to further their own organisational aims may have gained an opportunity to do so (Berridge 2006; Sabatier 1998; Wong 1998; Hughes 1997) or to influence drug policy in line with those aims. Those who appeared to take a back seat at this time may have lost control of the agenda. For example, the involvement of education has been low, although it was one of the three original key aims, and over time the educational agenda has clearly become less important in each strategy; it is not clear if this is directly related to their involvement (or lack of it). The two principal agendas have remained those of health and the criminal justice system. There was a strong sense that despite an academic view that there had effectively been a penal hegemony over the drugs agenda in the last decade, in general, drug users and treatment responses had been the overall 'winners'. DAT coordinators who came from a health background were equally likely to be supportive of the current government position and direction of the strategy, as those who came from a criminal justice background. This suggests a 'normative emphasis' to support government policy direction, and / or that once people were working within the partnership forms, they 'lost' their traditional way of viewing things and moved to a new, partnership perspective; if the latter it too would indicate that DATs have become new institutions.

It would appear too simplistic to ascribe current approaches to drug use and users as dominated by a penal agenda; the reality is significantly more complex with philosophies derived from a number of social policy areas and strongly linked to moral approaches which prioritise the virtue of social responsibility and the rights of the community. It is not clear how much this can be ascribed to partnerships and how much to the dominance of a central government agenda. Through linking community and partnership, building both and using a variety of approaches to achieve their social and drug policy ends, New Labour can be seen to have challenged the '*traditional institutional framework*' of social policy delivery that governed the interactions between

local and central government (Lowdnes 2005). The diagram below draws on the work of Newman (2001) and considers how some of the changes might 'fit' into the forms of governance she has described. It offers a way to consider how that 'institutional framework' may have been affected. It shows a 'mixed' pattern which she has suggested will result in a less cohesive policy; however, it is also possible to see how policy has adapted over time and used the various forms as appropriate and still draws on these as necessary. It is also of interest that the two most dominant forms move towards a more decentralised system; the quadrant which seems least used is the hierarchy model and this fits with the overall analysis:



Drug policies use of different forms of governance 1994-2004
(adapted from Newman 2001)

Powell et al (2002) suggested that partnership, networks and other similar forms have become, in many instances, inter-changeably used and thus indistinct. They argued that, as a result, most partnerships are a 'quasi-network' composed of the *'mutual benefit, trust and reciprocity'* usually associated with a network. These factors were identified by interviewees as present in many of their DATs, but were portrayed by them as ones

associated with a functional DAT and as an element of partnership working. It is not necessarily clear, therefore, what defines the two working forms; more traditionally networks have been seen as self-forming and sustaining, clearly this is not the case with DATs. They are a partnership form imposed by drug policy. In general, they are a functional way of delivering that policy, with a degree of flexibility to local need and enough uniformity to meet central government ends. Trust was identified as a key issue which was identified as necessary to the partnership style, along with a willingness to engage effectively and collaboratively with others for a common end. In this, they demonstrate similarities with Levin's (1997) 'factors' – the need for motivation, opportunity and resources to be present. Successful DATs appeared to have highly motivated coordinators who were aware of the local issues and the national policy picture. They brought their knowledge about these things together in order to maximise the opportunities and resources open to their DATs. They were most likely to have effective communication channels with the centre and latterly with the regionalised structures – successful DATs talked to those operating the performance management requirements, they did not distance themselves from them. Finally, they were the least likely to have 'cleavages' in their channels of communication vertically or horizontally. Levin's (1997) analytical framework was, therefore, also useful in the understanding of how policy implementation (as well as policy development) might be effectively undertaken, which appeared to work in terms of vertical and horizontal dialogue. Essentially Levin (1997) identified key 'factors' at the central policy stage, but this research would indicate that those factors will be found throughout the policy process and that when they are, it usually indicates functionality.

Partnership forms require the same policy skill set as other forms of governance. They require a consensual policy style, but can draw on forms of enforcement (for example the NTA around performance) where necessary, although this is largely avoided by all players. Davies (2005) has argued that a model of governance '*based on a consensual premise*' in which '*diverse*' people will be enticed to '*sign up to a common agenda*' is somewhat optimistic. The empirical evidence from this study suggests that it is not. The

'*common agenda*' has not been universally embraced and there are some individuals who have and will drag their heels. However, this has not been organisationally specific on a national basis, nor does it seem to have any other common format (Miller 1998; Wong 1998; Knoepfel and Kissling-Naff 1998). Resistance to the partnership form has been low and this would indicate a '*normative emphasis*' (Wilkinson and Craig 2002) amongst organisations and individuals within the localities; thus reflecting the findings of other empirical studies which have noted a tendency for local policy actors to agree with the current orthodoxy (Sullivan et al 2002). This was also noted by one of the architects of TDT (1998) who described how surprised, but pleased they were with they way in which localities responded to TDT (1995) and how, essentially, he considered staff were well-motivated and wished to do a good job and if that required getting to grips with partnership forms then they would.

It may be that, on occasions, academic work has overlooked the excitement which new ways of working can generate[129]; that sense was present amongst interviewees. Furthermore, there was a feeling of dynamism that came from all interviewees, a feeling of having worked on a policy (or, in many cases, three policies) which was interesting, new and in which there was considerable political interest. Overall, those working in social policy arenas appeared motivated by a consensual will towards the common good.

Partnership is no longer, however, a discourse of '*apple pie and motherhood*'. Policy players are too used to it and confident of it for such an approach; it is possible that this dialectic currently has an internal mechanism of its own which at this time and for this policy, means it is commonly perceived as a '*good thing*' (Wilkinson and Craig 2002). Nonetheless, it does not mean that traditional organisations or institutions have necessarily been weakened, in fact there is evidence that they have effectively adapted to the new rules. Thus, the Home Office and Department of Health have maintained their

[129] Newman (2001:122) noted that practitioners might '*welcome a release from traditional organisational constraints*'.

principal interest in drug policy through their regionalised structures, government office teams and the NTA.

Has institutional resilience been demonstrated?

The research indicates that there has been evidence of institutional resilience throughout this period, with the large organisations of state, local authorities and key professional groups adapting to the changes demanded by partnership. As such they have embraced change and brought it in. These findings are in line with the arguments of Klein (1993) that the West, and in particular Europe, have negotiated their problems with the welfare state over time by managing change, not seeking to eliminate it. This means that they have been able to avoid serious challenges to the status quo demonstrating institutional resilience through the absorption '*over time of marginal, incremental changes.*' Partnership would seem more than a '*marginal, incremental*' change; there is, as we have seen, evidence that it constitutes a new form of governance and a new institutional form. However, it is also possible that over time and as part of a 'bigger picture' it might be possible to conceive of these changes in this way. Certainly, at this time, there is also evidence that the established institutions have adapted to this way of implementing policy and, in so doing, have remained resilient to more thorough or formal challenges. This has effectively been a demonstration of 'adaptability' and, over time, the DoH and the Home Office have resumed ultimate responsibility for the strategy through their devolved sections, the NTA and government offices. Additionally, use of Klein's (1993) analysis would suggest that the approach taken to drug users constitutes evidence of institutional resilience; over the decade, changes to drug policy have increasingly targeted drug users and placed them outside of or in conflict with the wider community, however, drug users have been compensated for this through the provision of improved access to treatment.

The memoirs of those who were members of the first two New Labour governments are packed with references to the slowness of central government mechanisms, to their inefficiency, to the civil service lack of

concern with delivery and to New Labour's own concerns to be able to make change and ensure policy implementation (Mowlam 2002; Blunkett 2006). This discourse can be linked to the rise of a managerial agenda across different spheres of social policy. However, it does not in itself provide evidence of a government obsessed with centralising and control; perhaps more of a government ultimately concerned with delivering and implementing its policies and evidencing that to the electorate. As we have seen, TDT (1995) was policy designed from the outset with a focus on delivery. This met the needs of the then Conservative government to evidence value for money in public services; subtly different, it was suggested by one of the architects of the policy, was New Labour's emphasis on delivery. Partnership mechanisms offered New Labour the opportunity to go round the old institutional forms and methods of communicating, in the same way as they offered to the Conservatives the possibility to by-pass local authorities. DATs have changed the channels of communication, strengthening those between the vertical and horizontal across a range of organisations; those channels of communication are now policy focussed, not institutionally focussed – this has been an important change. Perhaps in recognition of this new imperative, the old institutional forms at the centre do appear to have more latterly engaged in this form of policy implementation – especially through their new regionalised structures.

With regard to implementation, the same factors of ownership, commitment and a proposed course of action which has within it a degree of specificity and authority have shown themselves to be present. TDT (1995) created structures by which the policy would be achieved; as the point of action. Very few of those working at a local level were involved in the generation of ideas which led to TDT (1995), but they were 'consulted' about the form it should take and changes were made as a result. Larsen, Taylor-Gooby and Kananen (2006) have argued that this is an increasingly common facet of policy making because the emphasis on delivery has brought with it recognition that '*...targets alone cannot secure successful implementation...*' Again, however, this would suggest that TDT (1995) was an early example of a changing approach to policy making. Architects of the policy also made it

clear that whilst seeking to do things differently, they had to ensure that they took cognisance of the traditional ways of doing things and brought in key players, such as the five departments of state and National Audit Office. The 'action' required for implementation might similarly be affected by factors (such as institutional resilience) which mitigate towards the status quo.

Some fairly remarkable findings emerged from the interviews about making drug policy. It emerged that despite the highly divisive nature of the 1990s and the depth of animosity which subsisted between Thatcher / Conservatives and local authorities, and between police and probation and health, that those developing TDT (1995) were able to bring political parties and all sorts of organisations and the centre and localities together, in a surprisingly consistent, consensual way with few divisions and no outright arguments. It is important not to forget this historical element. It is, in itself, a significant finding and one not much reflected on. As such, it holds some really interesting lessons for social policy making in the future and demonstrates that consistency and consensus can be pursued even at the most unlikely and improbable times, where all parties are together on considering an issue important enough. It would seem that there was also a fortuitous coming together of a highly competent civil servant and politician and other social and historical factors which worked in favour of the policy being able to made and implemented. In part it might also account for the demise of the Czar as part of the TDTBBB strategy (1998) – an innovation in drug policy which quickly faded. It may be that the appointment of an advisor appeared to politicise the issue too much, without adding to the overall benefits; in addition, Hellawell's (2003) own biography would suggest he made enemies of important individuals and old institutions at the centre.

Within the literature there are different types of analyses which relate to partnerships as forms of governance. These can be concerned with how the mechanisms of partnerships operate (Davies 2005), or with seeking to analyse whether partnership can be seen to have effectively changed the 'institutions' of local government and thus become a new institutional form in itself (Lowdnes 2005). Although these may not sound acutely dissimilar they

each reflect a different area of concern, as well as taking a different focus either at the vertical or horizontal level. The first is concerned with the mechanisms by which partnership or networks infer-face with central government and which has the most (or least) authority (Davies 2005; Stoker 1998) and the second with whether there is an empirically observable change in the way local government does business (Lowdnes 2005). This thesis has considered both aspects as part of the implementation of government drug policy. What has been indicated, as we have seen, is that partnerships have impacted on the way in which central government communicates with localities about drug policy; new mechanisms of communication have come powerfully into play and have portrayed themselves as highly functional with considerable central clout overseen by the PM. Additionally partnerships have also changed the way local government does business. There was a concern voiced by a minority of interviewees that there was a 'democratic deficit' in their way of working because it did not directly relate to elected representatives in localities. However, DATs were portrayed by all interviewees as having changed expectations of how business was done locally and suggested that they had influenced other partnership forms which had developed later. Partnerships offered organisations at a local level an opportunity to change – as one respondent had suggested in the early 1990s, they were looking to '*re-focus their attention on the total well-being of the community – not just empty bins*' (Respondent B) – partnership gave them this opportunity; once again, this might provide evidence of institutional resilience with local authorities remaking their image and adapting to new ways of relating to the centre.

The performance management approach through which central government has recently sought to communicate, coordinate and manage the implementation of policy within localities, is largely a deconcenfrated one, relying on the intercession of regional bodies. Overall, however, the aim of performance management appears to be driven not by a desire to impose the will of the centre onto localities, which is essentially conflictual, but from a desire to ensure implementation (Blunkett 2006), and is essentially consensual. Thus, although the apparent overall impact might be the same,

the intention is palpably different. This is evidenced by the resigned acceptance of the necessity of the reporting requirements exhibited by DAT coordinators, or by their more positive comments which focussed on the benefits which flowed to them and their localities from being able to show implementation. The building in of performance management mechanisms to organisational targets has shown a sophistication which is new and has come particularly from New Labour post TDTBBB (1998). It has, however, also more effectively tied the old institutions and organisations into the performance of the new institutions and as such is evidence of an impact on forms of governance. In order for localities to be seen to deliver on a range of organisational targets they have also to deliver on partnership ones. The new institutional forms have, therefore, worked by exploiting the opportunities opened to them by reporting mechanisms, thereby working the levers of pre-existing organisational forms. Performance management is not necessarily a 'bad' thing, nor Machiavellian in design, it might simply demonstrate an understanding of what drives policy implementation and evidence a focus on delivery.

By 2004 drug policy in England was unremarkably a partnership form; DATs had become new institutions which had changed the way the centre communicated with localities about policy implementation. The channels of communication were now policy, rather than institution focussed. This is not to suggest that institutional resilience was not demonstrated; the key departments of state and local authorities have taken DATs to their heart and adapted their ways of working to incorporate them. Current policy and institutional responses show evidence of policy sophistication, adaptability and the exercising of choice; overall they indicate that policy development and implementation in this area has been largely consensual.

Where to next for drug policy?

The next drug strategy is due to be launched in 2008 and the consultation document – Drugs: Our Community, Your Say was launched in July 2007. It outlines progress to date against the Updated Strategy (2002) and considers

areas for future focus. The title in itself is interesting, placing 'community' right at the heart of the drugs issue; in this it also demonstrates continuity with New Labour concerns since 1997. The consultation document highlights the expansion in treatment services since 1998 and says that '*drug treatment is the corner stone of the present drugs strategy...*' (2007:15). Public comment on the consultation document so far also acknowledges the progress to date in this area (DrugScope 2007; UKDPC 2007; RSA Commission 2007). The future focus for the strategy continues to be multi-faceted:

- Reducing the harms drug use causes to the development and well-being of young people and families
- Bringing the full force of law enforcement to bear on drug dealers at all levels
- Reducing the harm drugs cause to the health and well-being of individuals and families
- Reducing the impact of drugs on local communities – reducing drug-related crime and anti-social behaviour (Homeless Link Briefing 2007)

Making early public comment, DrugScope urged a '*much greater emphasis on drug misuse as a public health issue...*' (DrugScope press briefing 2007) and UK Drug Policy Commission (UKDPC) in their response to the consultation have focussed on the need for the forthcoming strategy to build on and incorporate the gathering of 'evidence' about 'what works' in tackling substance misuse (UKDPC 2007). The RSA Commission has urged a wholesale review of the focus of current policy suggesting a move away from a 'moralisation' of drugs as an issue (RSA Commission 2007:13) and a move towards focussing on reducing '*as far as is humanly possible the great harms*' that drugs might cause (RSA Commission 2007:22). The reflections on the strategies in the last ten years, however, also shows the range of innovations and interventions which there have been.

The 'good news' about substance misuse issues as they are currently being reflected on, seems to be that the growth in drug treatment appears

undisputed, with drug use among the general population remaining stable since last year and showing an overall downward trend for the last ten years, as well as a fall in drug use amongst those aged 11-15 years. These factors, however, are set against the backdrop of drug use in the UK still being the highest in Europe, and an apparent trend towards a '*maturing and expanding cocaine market*' (DrugScope 2007). The pattern remains one, therefore, of complexity. This issue is picked up by the UKDPC with regard to the importance of '*strong, national leadership*' and the difficulty with knowing where best to locate such leadership in the centre (UKDPC 2007). This appears to indicate unhappiness with the current location at the Home Office and to suggest a preference for a non-departmental form, such as the original Cabinet Office. They say, however, that they remain '*ambivalent*' about where leadership should be located, but urge a review of the structure at a central and local level, noting that only a single review of DATs has taken place in 1997. The RSA Commission shows no such hesitation, urging a move for drug policy leadership, away from the Home Office and to the Department for Communities and Local Government. They are specific in desiring a move a way from 'branding' drugs a 'crime issue' and in wishing to '*reinforce the view that drugs are primarily a social issue*' (RSA Commission 2007:20). Further, they call for DATs to become statutory bodies '*with an enhanced status and profile*' (RSA Commission 2007:20).

The responses to the strategy and in particular those published in response to the consultation thus far highlight the lack of knowledge about and reflection on drug policy in the UK. There are few mentions of DATs, for example, perhaps because the responses published have emanated from central organisations and reflect their concerns, these include, in their view, the decentralisation of drug policy into the localities (UKDPC 2007). The RSA Commission (2007) has more reflection on the work of DATs urging specific changes and suggesting that there are problems in policy delivery because DATs '*lack clout*' (RSA Commission 2007:14). There has been considerable focus over the last ten years on 'doing', but much less reflection on the policy process itself. This draws out the importance of this thesis; there have been few detailed studies of drug policy or which have looked at the process of

developing and implementing drug policy over the last ten years, meaning both have been kept hidden from view. Thus, when people are currently reflecting on achievements to date, DATs for example, are largely invisible, despite having been the means of policy implementation for over ten years. This is unhelpful as the mechanisms of implementation are imperfectly understood, as well as the means by which issues are resolved on the ground. A lack of knowledge and understanding in this area can lead, as we have discussed, to a view that there has been an 'implementation' gap. As we have seen, this supposed 'gap', in fact, often is the point at which central and local issues are resolved in the light of the localities needs and abilities. The thesis aids in the exploration of this area and works towards developing an academic understanding of the drug policy process. It also builds on and helps to develop work in the area of new institutions and the understanding of policy process and governance. The empirical work helps to understand the inter-face between policy development and implementation, drawing out how such relationships are negotiated. Importantly, developing our understanding of this area helps us to see more clearly what the impact of organisational change is, for example, both partnership working and the impact of performance management. This aids our knowledge of what other social and historical factors have affected this change and allows us to place policy development and implementation, ensuring that we do not misunderstand those changes simply as '*technical solutions*' (Clarke 1996). The perspective of time, looking at the drug policy process over ten years, also ensures that we are able to consider factors such as the development of new institutions and institutional resilience, noting both change and continuity.

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Appendices:

Appendix A

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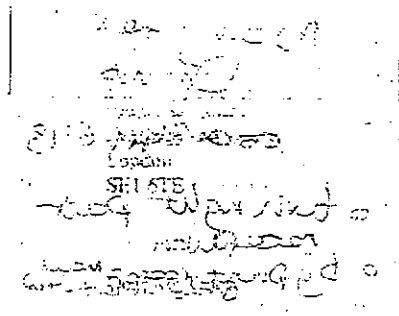

15 May 2002

I am writing to you as I am working on a piece of research concerned with the implementation of partnership structures in the UK. My focus is both at a national policy making level and at a local implementation level.

In your previous role you may have played a part in the development of the thinking around partnership structures, such as Drug Action Teams and in your current role you may have some thoughts about the continuation of the strategy.

I would particularly welcome talking to you about this. The interview would last about an hour and I would like to tape it if possible. I would want to explore your views about the development and origination of partnership working. The interviewees would not be identified in the final piece of published research.

As you may remember, I am a Senior Lecturer in Criminal Justice at the University of Hertfordshire. I am however undertaking this piece of work under the supervision of Professor Susanne MacGregor at Middlesex University as part of a doctoral thesis.

I shall telephone within the next week to discuss this letter with you further.

Yours Sincerely

Elaine Arnull

Appendix B

Semi-structured national interviews

Pilots November 2000

1st Section – Partnership – the development of an idea?

1. 'Partnership' is a word we hear a lot now – can you think back to when you first heard about it?
2. Where do you think 'Partnership' came from as a concept?
3. So how did it come to seem like a good idea to apply the idea to drugs? Where did the idea of DATs come from?
4. Was there anyone who you think was important to taking the idea(s) forward / developing the idea?
5. Why do you say that? How did they do that? How do you know that? (or everyone says that, why do you think that is?)
6. Were there others? Who?
7. How did people get to be involved in the discussions about partnership working and DATs?
8. When did you/ anyone in your organisation get involved?
9. Were there any key documents/ Papers at that time? (i.e. across the divide/ misspent youth) Do you have copies of those? Could I have a copy?
10. Was it significant that there was broadly cross-party support for inter-organisational working?
11. What difference would it have made if there weren't?
12. Were there any moments when it could have happened significantly different?

2nd section- DATs – success?

13. What was your first reaction to the idea of DATs?
14. What did you expect them to be able to achieve/ do?
15. Have they achieved what you expected? Have any individuals / organisations been key to that?
16. Did any other people share your ideas? Who were they?

17. Did any other people agree/ disagree with your ideas? Who were they? Did it make a difference that they agree/ disagreed?
18. Need a question re important or not that people agreed/disagreed with you.
19. Have DATs achieved what others expected? Specify whom others are
20. What have DATs achieved?

3rd section - Policy transfer

21. Were DATs important in allowing other inter-organisational fora to develop?
22. If yes - How?
23. If yes -Who was important?
24. What about SRB, other fora? Did they influence thinking? Who's and how?
25. What do you think of the partnership idea being applied to other areas, like YOTs?
26. Do you think the application was based on the DAT structure and the same basic ideas or different ones? Which?
27. Were any of the same people involved in developing the partnership ideas or structures in the 'new' areas? Who? Where?
28. There is obviously quite a lot of differeot theorising around partnership working. For example lots of people have seen community involvemeot as important – did you see that as influential? Was it important re social responsibility of the community? (Etzioni & communitariansim) Or to generate business interest and general regeoeration? (Stoker & regime theory) Does it give more power to the community? (Hughes & community engagement) Are there in your experience different types of partnerships, which can he labelled? (Crawford & typologies) Do you think it is possible for all groups in the community to gain equal access to partnership working? Was it envisaged that they would? (Miller – check) Does the history of an area affect the outcomes for partnership working? What about local/ agency values?:(Miller, Wong, Knoepfel and Kissling-Naff)

Are you /were you aware of any? Who?

Thank you for your time and your thoughts. Is there anyone else you think I should speak to?

Appendix c

Middlesex University

School of Health and Social Sciences

Criminology/Sociology Academic Group

Application for research ethics approval

The purpose of this form is to help staff and students in the Criminology/Sociology Academic Grou in their pursuit of ethical research methodologies and procedures.

For staff members, the Research Ethics Advisory Panel will review all proposals/forms, whe ethical approval has not already been obtained from a recognised research ethics committee extern to Middlesex University. No fieldwork should begin until such approval has been obtained.

For research students (B.Phil, M.Phil/PhD), the Research Ethics Advisory Panel will review a proposals/forms. Where ethics approval has already been obtained from a recognised research ethi committee external to Middlesex University or through research ethics procedures of the academ group, this will be taken into account. No fieldwork should begin until such approval has be obtained and ratified by the Research Degrees Committee. Any proposed change to t methodology outlined on this form must be discussed with your supervisor(s). This may necessitate fresh application for ethical approval.

Please complete the form giving as much detail as possible. If a question is not applicable, plea indicate by marking N/A. Research students should discuss and complete the form with the supervisors.

2. Personal details

a) Name of principal investigator: Elaine Arnull

b) Address: 32 Whitehall Lane. Buckhurst Hill. Essex, IG9 5JG

c) Phone Number: 020 8505 1362

d) Email address: e.Arnull@btinternet.com

e) Name(s) of staff and/or other collaborators (if applicable):

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2. For research students:

a) Year of study: 2004

b) Mode of study: Part-time

c) Names of supervisors: Susanne MacGregor and Tony Goodman

d) Date of enrolment: 1998

e) Date of registration: 1998

f) Date of transfer from MPhil to PhD: 2004

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3. Details of proposed study:

a) Title of study: The design and implementation of British Drug Policy 1983 -2003

b) Please give a brief description of the nature of the study (no more than 50 words), including details of data collection procedures:

The study looks at the design and implementation of British Drug policy by interviewing key policy makers and those charged with implementation and delivery of that policy within Drug Action Teams and a local partnership. Methods also include participation observation and analysis of documentary sources.

c) Will primary data be collected? Yes

If no, please skip to Section 7 of this form.

4. **Details of the participants in the study:**

a) From what population will your participants be drawn? Policy makers (civil servants, Chief Executives of voluntary organizations) Drug Action Team Coordinators and those delivering drug policy.

b) How many participants will be involved in your study? Please provide an estimate. Approximately 30 individuals

c) Are children aged 16 or under to be involved? No

If yes, what ages will your participants be?

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5. **Access and consent:**

a) Briefly describe how will access be gained to the participants. Access will be gained in the first instance by a letter, followed up by a telephone call; or by a request in person.

b) Will informed consent be sought from any gatekeepers? No

If so, which gatekeepers?

Will you obtain written consent from the gatekeepers? N/A

c) Will informed consent be obtained directly from all participants Yes

If yes, will you obtain written consent? No

d) Will payment or an incentive be offered to participants? No

If yes, please state amount of payment or type of incentive

e) Length of session for an individual participant (if more than one session, please give number and nature of sessions and amount of time for each): One individual semi-structured interview of approximately 1 hour; for one group, one focus group of approximately one hour.

f) In which locations will data gathering take place? Usually the respondent's office, or a place agreeable to and suggested by them.

g) Will you inform your participants of their right to withdraw from the research? Yes

h) Will you guarantee confidentiality of information to your participants? Yes

i) Will you guarantee anonymity to your participants? Yes

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6. Safety and legal issues

a) Will you be alone with a participant? Yes

b) Will you be alone with a group of participants? Yes (one focus group)

c) What safety issues does your methodology raise for you and for your participants? My methodology does not raise any issues of safety as all interviews are being sought with a person in their professional capacity, their participation follows their informed consent and occurs at their place of work / place of their choosing. The only issue which they might consider a risk is to ensure they remain anonymous and the interviews confidential as some are very senior and could be easily identifiable. I have addressed this on many occasions with my supervisor. Given where and with whom the interviews occur I do not anticipate any risk to myself.

d) What legal issues does your methodology raise for you and for your participants? None of which I am aware.

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7. Codes of ethics

a) Have you read and understood the Code of Ethics for Researchers in the Field of Criminology by the British Society of Criminology?

Yes and those of Social Research Association

b) Are there any ethical issues which concern you about this particular piece of research? No

Please attach (if available) a) draft of any interview schedule or questionnaire you propose to use; and b) any information sheets and/or consent forms for participants. Letter and interview schedule are in hard copy to follow.

I believe the information given above to be true. The methodology outlined above will be the methodology used in my research. I will notify my supervisor (students)/REAP Chair (staff) of any proposed changes to this methodology.

Appendix D

Dear

I am currently undertaking some research for which I would like to interview you. I head up the Policy & Practice Research Group at Middlesex University and as such undertake a lot of funded research. However the study I would like to interview you with regard to is a doctoral dissertation which I am in the process of completing. As a part of this research, I have undertaken interviews with a number of key players at a national level and have observed implementation of some drug policies at a local level. I want finally to undertake a round of interviews with current DAT coordinators about recent drug policy implementation; I am especially keen to interview those who have been in post for a number of years. The thesis is concerned with drug policy and partnership working and thus DATs in particular, since 1983.

I don't know if you would feel able to be interviewed? The interview would last no more than 1 hour and could be conducted face to face or over the telephone. All interviewees are anonymous and will remain so. This thesis is supervised by Professor Susanne MacGregor who may be known to you.

I look forward to hearing from you and will call early next week to discuss this and to respond to any questions you might have. Alternatively please do email me in reply if that is most convenient.

Best regards,

Elaine

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Appendix E

Semi-structured interview schedule for local policy implementers

Section 1 – Your history

1. Can you explain to me your job title / role and the organisation you work for?
2. How long have you been in this role?
3. Why did you come into this area of work / where were you previously?

Section 2

4. How are you involved in implementing drug policy?
5. Can you describe / give examples of what has worked well in your experience?
6. Can you describe / give examples of what has not worked well? How would you have changed those things?
7. What has surprised you?
8. Have there been any barriers to implementing policy?
9. (If not covered) why do you think 'partnership' was the mechanism chosen for delivery of drug policy? Can you give me an example of what the outcome has been of doing it that way?
10. Have there been any key individuals / organisations / moments locally or nationally in the last 20 years which you think has changed the course of drug policy / impacted on where we are now?
11. (Where relevant) There have been 3 main drug strategies since 1995 – what have been the similarities / differences between them? Has much changed?
12. (If not covered) Has the changing funding structure impacted on implementation? Can you give me an example?

Finally, Is there anyone you would suggest I interview? How can I contact them?

Thank you for your time.